

















Darmouth Aug. 17. 1800  
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E S S A Y  
ON THE  
*UTERINE HÆMORRHAGE,*  
WHICH PRECEDES THE  
DELIVERY  
OF THE  
FULL GROWN FOETUS:  
ILLUSTRATED WITH CASES

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BY EDWARD R.  
MEMBER OF THE CORPORATION OF

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THE THIRTEEN

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## ADVERTISEMENT.

**M**O<sup>S</sup>T of the cases on which the doctrine contained in the following pages, is founded, fell under my notice in consequence of being appointed to attend all the poor women in a large and populous city, who have difficult and dangerous labors.

I thought it right to premise this, as were it not known what circumstance gave me an opportunity of collecting them, the number of the cases, when compared with the short space of time in which they occurred must appear so extraordinary, (exceeding, in so great a proportion, the number usually met with even in the most extensive private practice) as possibly, with some readers, to render their authenticity doubtful, and consequently to invalidate the reasoning deduced from them.

Since

Since the publication of the first edition, I have had an opportunity of collecting sixteen more cases, and principally from the same source, from whence the former ones were obtained: these are now added to them, and they serve still more fully to prove the justice of the reasoning which is made use of in the *Essay*, and to confirm the method of practice therein recommended.

E. R.

NORWICH,  
Nov. 20, 1777.

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E S S A Y

ON THE

UTERINE HÆMORRHAGE.

**N**O Circumstance that attends parturition, exposes women to so much danger, as profuse Hæmorrhages from the Uterus, towards the latter end of pregnancy, and in the time of labor; the art of midwifery is likewise, in no instance, more at a loss in the use of means for the relief of the patient; an enquiry into the causes of them, and an attempt to improve the practice in such cases, cannot, therefore, be useless.

The treatment of floodings, that come on before the Uterus has acquired any considerable size, must be very obvious, and the consequences of them, at that early period of pregnancy, are seldom to be dreaded, as, if the patient lose blood from the arm,

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be kept cool, and in an horizontal posture, and such mild, astringent, and anodyne medicines be administered to her, as have been found, by experience, to restrain discharges of blood, they will very frequently stop entirely, and the woman go on to her full time: and if this should not be the case, but the Hæmorrhage should still increase, it will seldom increase to a degree that will endanger the life of the mother, without the small foetus and secundines being separated, and thrown off by it, after which the Uterus will soon contract, and thereby closing the mouths of the bleeding vessels, the discharge will gradually diminish, till it be entirely stopped: the surgeon has, therefore, in these cases, nothing manual to do, for, notwithstanding it has been recommended by \*Mauriceau and Deventer, and it is said to be the practice of some, to endeavour to bring away the foetus by art, even in the earliest months, I am persuaded, from experience, that it is never necessary, and were it even necessary, I cannot conceive it possible to do it with the hand.

But floodings that precede the delivery of the full-grown foetus, when the Uterus is arrived at its greatest stretch, and the vessels have acquired their utmost magnitude, must be ever highly dangerous, being more profuse, and more difficult to suppress, in proportion to the increased size of the vessels; insomuch, that the number of instances in which they have unhappily proved fatal, is very considerable.

Most of the authors whom I have read on this subject, describe these cases as particularly embarrassing, and seem alike to acknowledge, that they have always been at a loss when such have occurred

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\* Van Sweiten's Commentaries, Sect. 1308--9.

to them, to determine, with any degree of certainty and satisfaction, which of the two methods of practice hitherto recommended, it has been most proper to adopt; whether to endeavour to restrain the discharge, by the means before mentioned for that purpose, and leave nature, by her own efforts, to expel the child, as is the case in floodings of the early months, or at once to introduce the hand into the Uterus, and bring it away by art.—This doubt about the propriety of waiting, or the necessity of removing the contents of the womb, they say, is ever owing to the uncertainty of knowing the quantity of blood that has been lost, and, if it were known, to the impossibility of ascertaining the degree of loss, that a woman might sustain, without manifest risque of life.

They all however agree, that when the discharge becomes very profuse, and such a considerable quantity of blood has been lost, as threatens the immediate death of the patient, that nothing but a speedy delivery will give any chance of preventing it; and have given us cases, wherein the bringing away the child by art has been attended with success; they likewise inform us of others, in which waiting and pursuing the palliating means has been justified, by the natural pains having come on, and the child having been timely expelled by them; moreover, where both methods have been used, a great number are related which, nevertheless, proved fatal: but no particular reasons have been given, why the different methods of practice were used, why the same methods in some cases have succeeded, and in others, apparently similar, have failed; nor have any hints been suggested to us, which might lead us, at the beginning of the complaint, even to a probable conjecture, whether the Hæmorrhage

morrhage be of that kind, which requires the turning the child, or not.

We need not be surprized, then, to find, that upon a subject of such acknowledged uncertainty, there should be some writers who give the most opposite advice; for as it is reasonable to suppose that the surgeon, who has lost a patient by too long waiting for the natural pains, will, in all future cases, think it right to turn the child upon the first attack of the complaint, so it is equally natural to suppose that another, who has had several that have terminated safely without turning, will think it seldom necessary: thus, to instance but two, \**Chapman* invariably recommends the delivery by art, upon the first coming on of the complaint, and †*Puzos* advises always to wait for the natural pains, which he believes will rarely fail of putting a safe end to it.

It is said that an eminent lecturer in midwifery, in London, directs his pupils not to be too hasty in checking the discharge, as he imagines some cases that have fallen under his notice, have, by suffering the vessels to unload a little, turned out better than others have done, in which means were used to restrain it upon the first attack.

Another (who is lately deceased) not less capable of judging upon the subject, acknowledged himself totally at a loss what to advise, and said, that surgeons must, in a great measure, be left to their own discretion, when such cases occur; but speaking in general terms, he thought it right at first to endeavour to check the Hæmorrhage, and wait for nature's assistance by pains, and if they should not come on, the flooding should increase, and the woman

\* *Essay on the Improvement of Midwifery, chiefly with Regard to the Operation.* 1733.

† *Mémoire sur Pertes de Sang.*

man grow weaker, it was then right to have recourse to delivery by art.

It is hardly necessary to observe, that contradictory as these directions are one to another, they must all in their turns be improper, as they are guided by no fixed rules; and if no information be, therefore, to be had, than what can be collected from books, and no other directions are to influence our practice, than the vague ones we have mentioned, it will ever be uncertain, it must frequently be unsuccessful; for we must either wait undetermined what to do, till the discharge becomes very profuse, and so much blood is lost as renders what we then do probably useless, or we must do it before much loss has been sustained, at a time when the patient appears to be in no danger, and when we cannot have the satisfaction of knowing that nature will not be able herself to expel the child, and that the turning is absolutely necessary; the timid practitioner, encouraged by no certain guide, and cautiously afraid of giving his patient unnecessary pain, we may reasonably suppose, will, for the most part, be guilty of the first error; while another, who is more precipitate, through a desire of preventing the danger of delay, will as often make use of painful means, when the efforts of nature, assisted by more gentle methods, would probably be equally successful; and, at the same time, he will likewise unnecessarily expose his patient to the danger, which a too early delivery may perhaps occasion.

To remove the uncertainty and embarrassment, which have hitherto attended the practice in these cases, and determine on more fixed and rational principles, when it is safe to wait for nature's endeavours to expel the child, and when it is absolutely necessary to bring it away by art, would,

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therefore, certainly be an important improvement in midwifery.

For this purpose two things appear to be indispensably necessary; first, to know the reason why, in cases that have began exactly alike, where the discharge, pulse, and faintness have appeared the same, and there has been no remarkable difference in the age, strength, and constitution of the patient, and the same treatment, has, likewise, been made use of, they have, nevertheless, in the end turned out quite differently, why in some, the discharge is restrained by using the common palliating means, and the labor terminates safely by waiting for nature to empty the womb, and in others, notwithstanding the use of the very same methods, it increases to a degree that exposes the woman's life to the most immediate danger, and thereby renders the turning of the child necessary: and, secondly, to be able to procure this information as early as possible after the coming on of the Hæmorrhage, so as to enable us to determine with certainty, before too much blood has been lost, whether it be right to endeavour to restrain it by the means before-mentioned, or to proceed at once to delivery.

A knowledge of the true causes that produce floodings, will give us all the information, which I have considered as the *first* requisite towards an improvement in the practice; for though it has been little noticed by those who have written upon the subject, they certainly arise from two very different causes, which are very different in the danger they produce, and which require a very opposite method of treatment.

Floodings have, indeed, heretofore been considered as arising from two different causes, one alone of which was supposed dangerous; a distinction having been made, by some authors, between

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the discharge which came from the Vagina, and that which proceeded from the Uterus, and when it came from the Uterus, they also distinguished whether it came from the bottom or the orifice of the womb, by which was only meant, whether it was occasioned by a separation of the Placenta, or whether it was owing merely to a rupture of the vessels of the Vagina or Os Uteri, produced by the distension of labor: this distinction, to those who are the least conversant with practice, must appear trifling, as no bleeding of consequence enough to deserve consideration, ever comes from the latter; and that, which is the object of the present enquiry, always proceeds from the Uterus.

The separation of the Placenta from the Uterus, before the delivery of the child, and the consequent opening of its vessels, must, therefore, be looked upon as the proximate cause of every considerable discharge of blood from the womb at that time: but this premature separation of it may be produced by very different causes, and it is a knowledge of this difference that will, in my opinion, remove the difficulty of ascertaining the reason, why the same apparent complaint should, very often, so widely differ in its termination, and at the same time remove also the uncertainty of treating it.

There is no particular part of the Uterus, to which nature seems constantly and uniformly to fix the Placenta, it is, nevertheless, for the most part, so situated, that if the woman be healthy, and no accident befal her, it does not separate till the full term of pregnancy, nor then before the entire expulsion of the child, after which it becomes disengaged from the Uterus, and is thrown off, making room for its entire contraction, which shutting up the mouths of the vessels, effectually prevents any considerable loss of blood; for which purpose,

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it is plain, it must be fixed to some part of the womb which does not dilate during labor, namely, to the fundus or sides of it.

In this case, then, when a flooding comes on before the delivery of the child, it is obvious, that the separation of the Placenta must be owing to some *accidental* circumstance, to violence done to the Uterus by blows or falls, to some peculiar laxity of the uterine vessels from badness of habit, or fever, or to the influence of the passions of the mind suddenly excited, such as fear, anger, &c.

But from the uncertainty, with which (as before observed) nature fixes the Placenta to the Uterus, it may happen to be so situated, that when the full term of pregnancy is arrived, and labor begins, a flooding *necessarily* accompanies it, and without the intervention of any of the above *accidental* circumstances; that is, when it is fixed to that part of the womb which always dilates as labor advances, namely, the Collum and Os Uteri, in which case, it is very certain that the Placenta cannot, as before described, remain secure till the expulsion of the child, but must, of necessity, be separated from it, in proportion as the Uterus opens, and, by that means, an Hæmorrhage must *unavoidably* be produced.

That floodings, which arise from these two different causes, which I will distinguish by the names of *accidental* and *unavoidable*, though they may appear exactly similar in their first symptoms, should terminate very differently, if left to nature, assisted only by the palliating means before mentioned, cannot seem strange; nor can it be a doubt that of these two kinds of floodings, only one of them, namely, that which is produced by an *accidental* separation of the Placenta, can be relieved by the use of these palliatives; and that the other, in

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which the Placenta is fixed to the Os Uteri, and the flooding is therefore *unavoidable*, cannot possibly be suppressed by any other method whatever, than the timely removal of the contents of the womb: for supposing the discharge to be for a while restrained by bleeding, medicine, cool air, &c. it will inevitably return when nature is so far recovered as again to bring on labor: in the first case, if the Hæmorrhage have been checked by the use of the above means, it is not impossible but labor may come on, and the child be safely expelled by the natural pains, before it returns; or, if it should return, it may not encrease in quantity; as in this case, very probably, the separated part of the Placenta, which occasions the discharge, remains nearly the same; whereas, in the other case, in which the dilatation of the Os Uteri produces the separation of the Placenta, every return of pain must be a return of the bleeding, and it must become greater and greater, as the Uterus opens more and more, and the Placenta is in proportion detached, till it increases to a degree that exhausts the patient, and she dies before nature has been able to expel the child. That such must, inevitably, be the progress and event of floodings arising from such a cause, if left to nature, is too obvious to be further insisted on.

That this attachment of the Placenta to the Os Uteri, is much oftener a cause of floodings than authors and practitioners are aware of, I am from experience fully satisfied; and so far am I convinced of its frequent occurrence, that I am ready to believe that most, if not all, of those cases which require turning the child, are produced by this unfortunate original situation of it; and, moreover, (which is perhaps of as much practical importance to know) when the Placenta is not so situated, the events

events of the annexed cases authorise me to say, that if the patient be properly managed, nature will, for the most part, terminate the labor safely, without any manual assistance of the surgeon.\* And independent of the proofs which experience gives, it seems reasonable that in the latter case it should be so; for those who are much conversant with the difficult part of midwifery, must have observed, how much more nature is able to do for her own relief than is commonly imagined, and how, unexpectedly, she will sometimes effect, what art has been a long time in vain attempting; if we add to this, that when any dangerous circumstance affects the Uterus, nature ever makes some effort to remove it, need we be surprized, that in these cases, when the Placenta is not at the mouth of the womb, and there is, therefore, no impediment to its dilatation, and the expulsion of the child, she should, for the most part, safely effect both?

There are not, indeed, wanting relations of cases, in which the Placenta has been found at the mouth

\* I have the satisfaction of adding two very respectable authorities in further confirmation of what I have just said, the one is of Mr. Charles White of Manchester, and the other of Mr. John Aikin, of Warrington, gentlemen well known both as surgeons, and as writers; Mr. White, who has had the most extensive practice in midwifery, as there was a time when almost all the difficult cases not only in Manchester, but in a very populous neighbourhood, through a large circuit of many miles, fell under his care, and who is therefore well qualified to judge upon the subject, tells me, "That the distinction I make between floodings which are *accidental* and those which are *unavoidable*, perfectly agrees with his experience in such cases, and that he is very clear that few, if any, of the former require turning and delivery by art." And Mr. Aikin, whose practice is also considerable, says, "That he has never had occasion to use forcible dilatation and turning except where the Placenta has been found at the mouth of the Uterus."

mouth of the Uterus, but it was usually supposed to have been separated from some other part of it, and pushed down into that situation by its own gravity, and the force of the natural pains, and some have even denied the possibility of its ever being originally fixed there.

*Mauriceau\** has a chapter on this subject, and *La Motte†* relates three cases of it; but they both suppose that when the Placenta presents it is ever wholly detached, and considering it therefore as a foreign body, direct that it should be always immediately brought away.

*Dionis‡* says, “ That the after-birth sometimes loosens before the membranes, which contain the waters, are broke, and when the infant turns itself, it is to be found at the internal orifice of the womb.”

*Ruysch§* says, “ It is well known, that the Placenta Uterina sometimes *prolapses* or *subsides* before the foetus in the time of parturition.”

*Deventer||* relates, that when the Placenta is detached from the Uterus, it is usually found at the orifice, to which it descends by its weight, “ *Ou son poids l'entraîne;*” and in another place he calls it, “ *la chute,*” the falling down of the Placenta.

*Giffard\*\** has more than twenty cases, where the Placenta was found at the Os Uteri, but he plainly supposes

\* Diseases of Women with Child and in Child Bed, translated by Chamberlen, 1752.

† General Treatise of Midwifery, translated by Tomkyns, 1746.

‡ Treatise of Midwifery, translated from the French, 1719.

§ Practical Observations in Surgery and Midwifery, English Translation, 1751.

|| Observations importantes sur le Manual des Accouchemens, traduites du Latin, 1734.

\*\* Cases in Midwifery, 1734.

supposes that it had not been originally fixed there, for he says, “ It is customary in floodings to find the Placenta *sunk down* to the mouth of the womb.”

*Smellie*, in his first volume of Midwifery, more than once mentions the possibility of the Placenta being fixed to this part of the Uterus, and in his third volume, describes several cases in which it was there situated; but there are no practical inferences drawn from them, nor, in his directions about the management of floodings, are there any rules given relative to this situation of it.

There is a similar case related by *Dr. D'Urban*, in his elegant Latin Dissertation on the Hæmorrhagia Uterina, which he evidently considers as a most unusual one; for, speaking of the Placenta being there situated, and thereby producing the flooding, he says, “ *singularem Hæmorrhagia hujus causam fuisse.*”

*Dr. Hunter*, in his beautiful engravings of different views of the gravid Uterus, lately published, has one, in which the Placenta was found at the Os Uteri, and had been the cause of a fatal flooding.\*

More authorities might still be produced, to prove that the Placenta has been often found in this situation, but these are sufficient; and I have not the

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\* Since I wrote the above, I have seen *Levret's* Treatise on Midwifery, written in French, and published at Paris a few years ago, and on the subject of floodings, he has a chapter to prove that the Placenta may be situated on the Os Uteri without having been previously separated from some other part, and pushed down there, he illustrates what he says by four cases, two of which were under his own care, another was communicated by a friend, and the last was an account of a dissection of a gravid Uterus published in the History of the Royal Academy of Sciences at Paris in 1723, in which the Placenta was found there situated, and had been the cause of an Hæmorrhage which proved mortal.

least doubt, but in all of them it was *originally* fixed to the Os Uteri; it is possible, indeed, if the womb open with unusual facility and quickness, and the woman, through a peculiar constitutional strength, be able to support the loss of blood which must necessarily be produced by it, that the Placenta may become wholly detached; and its having been sometimes found lying loose there, is, undoubtedly, the reason why it has been supposed to have been separated from some other part of the womb, and to have fallen down into that situation: the impossibility of such a circumstance, will, however, be very evident, if we consider the anatomy of the gravid Uterus; for the Spongy Chorion,\* which, by an universal adhesion, connects the membranes to the Uterus, and which is an expansion of the surface of the Placenta, must effectually prevent the latter from changing its place, whilst the former remains unseparated, which I am convinced from several dissections it always does till the expulsion of the child; indeed, there must be a partial separation of this membrane, in the space between the Placenta and the Os Uteri, to allow of the discharge of blood into the Vagina, but there must be an entire separation of it, above as well as below the Placenta, to admit of its falling down, which, I should suppose, could never take place before the delivery of the child.

It may appear extraordinary, that a circumstance, attended with so much danger, and which seems to

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\* This fine cellular substance, which is the connecting medium between the Uterus and the Chorion, and through which an infinite number of vessels ramify, was described by the late Dr. M'Kenzie, under the name I have used, but it is sometimes called the *Membrana Cribiformis*, and I find Dr. Hunter, in his anatomical plates of the gravid Uterus, gives it the name of *Decidua*.

be so frequent a cause of the Uterine Hæmorrhage should have hitherto been so little noticed, for though, in the cases which have just been alluded to, the Placenta was found at the Os Uteri, yet it was, in very few of them, supposed to have been *originally* fixed there, and I make no doubt but it has often happened when it has not been known at all to the surgeon, as I am induced to believe that in the greatest number of those instances, in which the women have died undelivered, the floodings have been produced by this attachment of it: but this is easily accounted for, when we consider, that it is very rarely that a surgeon has an opportunity of opening the gravid Uterus after death, that there are very few symptoms in the course of the complaint, which might lead a person unapprized of its frequent occurrence, to such a conjecture, and that in the early part of labor, when the Uterus is high in the Pelvis, and the Os Tincæ is very little open, it is not discoverable by the usual mode of examination: we may also add, that in those few cases where there has been sufficient strength to admit of its being completely open, the Placenta must have been found loose; and, moreover, which is perhaps the principal reason, that the number of floodings which happen, when compared to the number of labors, is so small, that very few must come under the notice of those who are engaged only in private practice, not now probably in their whole lives to draw their attention sufficiently to the subject, or to make them competent judges of it.

Admitting, then, that floodings are produced by these two different causes,\* and that they require a

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\* *La Motte* relates a case of flooding, in his 214th observation, produced by a cause different to either of those I have mentioned, and which, probably, would be more dangerous than

treatment so widely different, we cannot be at a loss when such occur to us, and we have discovered the particular cause from which they arise, how to act; as, in the one case, we shall be encouraged to wait, and make use of such means to restrain the discharge, as will be more particularly mentioned hereafter, and in the other, we shall hesitate to have recourse to delivery by art: for it is very obvious, that the want of success which has so often attended the turning the child, when such has been thought necessary, is to be attributed to the operation having been too long delayed, rather than to

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than that which arises from the *accidental* cause, as it would continue as much during the presence as the absence of pain, nor would it cease till the child and Placenta were removed, which, unless the progress of the labor was quick, might produce a loss of blood sufficient to destroy the woman; the case I allude to is a rupture of one of the umbilical vessels, owing to the cord being several times twisted round the child's neck, and to its texture being remarkably weak and knotty: but as this is so very extraordinary an instance, that it, perhaps, may never occur again, and as it would be, moreover, impossible to know the cause of it till the labor was finished, I think it deserves not to be considered amongst the general causes of the Uterine Hæmorrhage.

Another circumstance may likewise happen to prevent the expulsion of the child by nature, even when the flooding is not produced by the attachment of the Placenta to the Os Uteri, I mean, when the Pelvis is so badly formed that the head cannot pass in the usual time: Mr. Aikin has favoured me with a case somewhat like this; "He was sent for to a woman who had flooded pretty much, the membranes were broken and the Funis was coming down into the Vagina, he immediately introduced his hand to turn, when he found the head in the passage, which by a pain was forced pretty low, and he thought the labor would soon be over, but after waiting two or three hours the head continued where it was, and the flooding returned at times; the woman being now very weak and the child certainly dead, from the obstruction of the naval-string, which was pushed down, he opened the head, delivered, and the patient did well."

any real danger that attends the cautious performance of it; as if it be not attempted, as usually happens, till the woman be well nigh exhausted, it must certainly be a doubtful matter whether she lives through the operation, or if she survive that, whether the debilitated Uterus will be able to contract itself when its contents are removed, so far as to put an entire stop to the discharge: the changes under such circumstances being, then, so unfavourable, no wonder that the most cautious and skilful turning of the child has so seldom been attended with success.

The success of turning depending, therefore, entirely upon its being done before the patient has lost too much blood, it is a matter of the utmost importance to obtain an early knowledge of the necessity there is of doing it, or in other words, to know at the beginning of the discharge, whether it be produced by the Placenta being situated on the Os Uteri or not; which is the *second* circumstance I before considered as essentially necessary to enable the surgeon to practice with certainty in these cases, and concerning which I shall now endeavour to give some directions.

There is, perhaps, some difference to be observed in the time and manner that floodings, produced by these different causes, come on; probably, that which is occasioned by the Placenta being fixed to the Os Uteri, will, for the most part, not come on till the full term of parturition, when the Uterus begins to dilate from the approach of labor; the other, which is owing to some accidental separation of the Placenta, may, on the other hand, come on before labor begins, and indeed at any time during pregnancy, and possibly, were we to be very nice in our enquiries, it might be accounted for by the patient's having received some external injury, having

ing suffered by a fever, or undergone some sudden and considerable fright, &c.—but as these, with other symptoms that might, very likely, be enumerated, are, at best, but vague and equivocal: and as also, though the Placenta be situated on the mouth of the womb, it may, nevertheless, sometimes be separated by the same accidental means which detach it, when otherwise situated, the only certain knowledge respecting its situation, is to be derived from an examination of the Uterus by the touch.

For this purpose, however, the usual method with one finger will not always suffice, but the hand must be introduced into the Vagina, and one finger infinuated into the Uterus;\* for in several of the following cases it will appear, that though the women were frequently examined in the usual way, the Placenta was not discovered till the hand was admitted for the purpose of turning the child: if this be done slowly and cautiously, and the hand be properly lubricated, it will seldom give the patient much pain, but if it should give some pain, as it is to obtain information so essentially necessary to her safety, that ought never to induce us to omit doing it, or to do it imperfectly: if the Placenta be at the mouth of the Uterus, it will be immediately felt by the finger, and may be distinguished from the membranes, by its greater thickness, and

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\* I have lately had an opportunity of seeing an accurate copy of Dr. Young's very excellent Lectures on the Theory and Practice of Midwifery, and though he takes no notice of this singular situation of the Placenta, he advises in floodings always to examine the state of the Uterus, by introducing *the hand into the Vagina*; the reason he gives for it is, that the coagulated blood which is usually found in the passage, renders it impossible to feel the Os Uteri with sufficient distinctness by the finger alone: if, then, it be right when the situation of the Placenta is not an object of enquiry, the propriety of my recommending it above must be very obvious.

from coagula of blood, by the irregularity and roughness of its interior surface, which will then present to the finger.

It must be acknowledged, indeed, that it may sometimes happen, that, at the very first coming on of the complaint, if the discharge be small, and more especially if it be the patient's first child, and the parts be close and unyielding, the admission of the hand into the Vagina, as I have directed, will be attended with the utmost difficulty, and, perhaps, be almost impracticable:—in this case let us wait (but let it be with the patient) till the discharge increases, or has continued long enough to relax the parts, for certainly, if the woman be able to bear losing a little blood, which at first she may safely do, the examination will be thereby rendered more easy, and the turning the child, if necessary, be more practicable and safe.

Supposing, then, that the Placenta should, from this enquiry, be found at the mouth of the womb, the surgeon will be at once convinced of the danger that must unavoidably attend delay, from the impossibility there will be of affording the woman relief by any other means than the timely removal of the child, and will, on that account, not hesitate to deliver before too great a loss has been sustained.

In recommending early delivery, I think it right, however, to express a caution against the premature introduction of the hand, and the too forcible dilatation of the Os Uteri, before it is sufficiently relaxed by pain or discharge; for it is, undoubtedly, very certain, that the turning may be performed too soon as well as too late, and that the consequences of the one may be as destructive to the patient as the other. I am particularly led to observe this, as I have lately been informed, from very good authority, (namely, a gentleman to whom one of the

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cases occurred,) of three unhappy instances of an error of this sort, which happened, some years ago, to three surgeons of established reputation, who, from the success they had met with in delivering several who were reduced to the last extremity, were encouraged to attempt it where but very little blood had been lost, in hopes that their patient's constitutions would suffer less injury, and their recovery be more speedy; which, till the experiment was made, was a very reasonable supposition; the women died, and they seemed convinced that their deaths were owing to the violence of being delivered too soon, and not to the loss of blood, or any other cause.

It becomes, then, necessary to endeavour to ascertain, with a degree of accuracy, the precise time when we may proceed to deliver, without fear of incurring the ill effects either of precipitancy or delay.

It has been advised, never to introduce the hand till nature has shewn some disposition to relieve herself, by the dilatation of the Os Uteri to the size of a shilling, or a half crown, and this rule is certainly founded on a rational principle, for when it is so much dilated, there is no doubt but the turning may be easily and safely affected; but from some of the annexed cases it appears, that a dilatation to this degree sometimes does not take place at all, and that even when the woman is dying from the great loss of blood, the Uterus is very little open; the reason for which seems to be, that when the discharge has been considerable, and more particularly when much blood has been suddenly lost, such a faintness is brought on, that though the Uterus be totally relaxed, and might therefore be opened by the most gentle efforts, yet nature is unable to make use of those efforts; and, moreover, if there be slight pains, the adhesion of the Placenta to the internal

ternal surface of the mouth of the womb, counteracts their influence, and thereby hinders its giving way to a power, which would otherwise, probably, very easily open it.

It appears, then, that this rule, if invariably adhered to, would, in some cases, be attended with danger, as we might wait for the opening of the Uterus, till it was too late to relieve the woman by turning the child; and for this reason it seems right, that we should sometimes be as much influenced by the Os Uteri being in a state *capable of dilatation* without violence, as by its being really open; when this is the case, therefore, if the woman's situation demand speedy assistance, we should not hesitate to attempt delivery, even though to the touch the Uterus seem quite shut, more especially as in making the attempt, we shall know, before we can possibly have injured the Uterus, whether it be safe to proceed;—if the womb readily give way, and the hand pass with ease, we may be certain no harm will follow, and may, on that account, confidently prosecute the turning; but if, on the contrary, there immediately come on a contraction of the Os Uteri, that, in a purse-like manner, tightly surrounds the fingers, it will prove difficult, and we ought therefore to desist, and wait till the part be more relaxed by pain or discharge, as difficulty, in these circumstances, is the truest criterion of danger.

As an encouragement that we may safely suffer a woman, under such circumstances, to lose more blood, the contraction may certainly be looked upon as a proof, that there still remains a considerable portion of animal strength, and that she has not been so much affected by the loss, as we before imagined; and if we can so far moderate the discharge, as to prevent the blood from being too suddenly lost, which, in such a case, it must be our endeavour

to

to do, a very considerable quantity may come away without endangering the life of the patient. But in waiting for a further relaxation, we ought by no means to leave the woman, not even if the flooding, from the means we have used to moderate it, be totally suppressed; as when the Placenta is here situated, the Hæmorrhage will sometimes return so suddenly and profusely, that if the surgeon be not at hand immediately to bring away the child, the woman perishes in a very little time.\*

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\* The case of the King's coachman's wife, related by *Smellie* in his answer to *Douglas*, is a striking proof of the danger of leaving a patient in such a situation. The woman had flooded several times from the middle of the seventh month to within a fortnight of her full reckoning, at which time it increased much, she had slight pains, and the Os Uteri was found open to the size of a sixpence, beyond which was a soft substance that felt like the Placenta; as the dilatation was, he thought, insufficient to admit of delivery, he determined to wait; the advice of another physician was taken, who concurred with him that it was proper to wait till "those pains should bring on right labour," they therefore left the patient; but in a few hours after he was again sent for, when he found her in such extreme faintness, that she expired soon after his arrival: the body was opened, and the Placenta was found at the Os Uteri.—It is observed, indeed, that a trial was then made to open the mouth of the womb, but it was not effected without much difficulty and a laceration, such an accident happening however after death, (when every strong membranous part is equally incapable of contraction and extension,) is no proof that if the most favourable opportunity had been watched for, and a gradual and repeated endeavour to open it had been before made, it would not have succeeded: their determining to wait "till right labor should come on," and leaving their patient without apprehending its bringing on an increase of the discharge, proves their not having thought about the Placenta, and their not being aware of the unavoidable consequence of such a situation of it; and I have related the case as much to prove this, as to exemplify the danger of leaving a patient under such circumstances.

To steer safely, then, between the two dangerous extremes, it appears necessary that, on the one hand, we should never deliver till the dilatation of the womb can be effected by easy means, and, on the other hand, when it has been sufficiently relaxed by discharge, if the woman have suffered much by it, that we should no longer defer it, notwithstanding, from the absence or inefficacy of pain, the Os Uteri should remain unopened: yet, after all, as turning seems to be only necessary when the Placenta is fixed to the mouth of the womb, and that circumstance can seldom be known till the hand be introduced into the Vagina, and one finger be infinuated into the Uterus, I should imagine it not very likely that we should often be in danger of injuring the patient by premature delivery, as when the hand passes easily into the Vagina, I should suppose there will be seldom much difficulty in its admission into the Uterus.

In introducing the hand for the purpose of turning, when the Os Uteri has been carefully dilated, if the separated part of the Placenta be immediately presenting, it is best to endeavour to pass the finger through the substance of it, and by degrees with other fingers to enlarge the opening, till the hand can get through it into the cavity of the Uterus: the obvious reason for this is, that by this means not more of the Placenta may be separated, than is necessary for the introduction of the hand, and consequently that as little increase of bleeding as possible may be produced by the operation; but if it be impracticable, as I have more than once found it, and it must ever be when the middle of the Placenta presents to the hand, from the thickness of it near the Funis, it must be carefully separated from the Uterus on one side, and the hand passed till it gets to the membranes, which being easily broken,

it is admitted into the bag, the floating foetus is turned, and the delivery finished, as in preternatural positions of the child; except, that in this case the extraction should be more slow, that the Uterus may not be unable to contract, by being too suddenly emptied: a moderate pressure from the hand of an assistant, upon the Abdomen, as the child is coming away, will likewise be of use to assist the contraction. The Placenta being at the Os Uteri, and being usually separated more by the introduction of the hand, commonly comes away immediately, but if a part of it should remain adhering, and the discharge continue, it should be carefully removed, and as it is so near, it may very easily be done.

If, on the contrary, it be clear from this careful examination of the Uterus, that the Placenta is not at the mouth of it, and that the coming on, or increase of labor, will not of necessity increase the discharge, provided it be not very profuse, (for let it be remembered, that I am supposing the examination to be made early, and before any considerable quantity of blood has been lost,) it certainly will be proper to wait for the natural pains, and, in the mean time, to use such methods as are likely to restrain the flooding, which are, the admitting a free circulation of cool air into the room, keeping the patient in an horizontal posture, giving her anodyne, with Tinctur: Rosar: &c. and supplying her frequently with such cool and simple nutritious drinks as will support her without quickening the circulation; from pursuing this method it will often happen, that the discharge goes off entirely, and if the woman be not arrived at her full term, and she be kept very still and calm, that it does not return before labor comes on. But if it should still continue, or return frequently, it will be right, if possible, to bring the Uterus into a state of contraction, by exciting

exciting some pain, which may often be done by gently irritating the Os Uteri with the finger; if this succeed, and the mouth of the Uterus be thereby so far dilated, that the distended membranes may be felt, they must be immediately pierced by passing a probe along the finger, as upon the discharge of water thus produced, the womb necessarily contracts to a certain degree, and the flooding proportionably abates; this is, for the most part, soon succeeded by slight pains, which if the child present fair, have very soon an effect upon it, and push it down.\*

In the then relaxed and inelastic state of the Uterus, it is astonishing how much it is influenced by a trifling degree of pain, dilating and giving way to the most gentle throws; insomuch that, in these cases, the child usually passes with half of the ordinary efforts of nature: it is likewise remarkable, that the discharge commonly abates upon the coming on of pain; † which proves the propriety of endeavouring

\* This is the method of practice recommended by Puzos in his *Memoire sur Pertes de Sang*, which if considered as relating only to cases produced by an *accidental* separation of the Placenta, is certainly an excellent one, and these are the only ones that seem to have occurred to him, for he appears not to be aware of the Placenta being sometimes fixed to the Os Uteri, in which case, it is plain, his advice must be dangerous. The success that attended the management of his cases, which were certainly produced by *accidental* causes, may, I think, serve to strengthen what I have ventured to declare as my opinion, that when such is the case, it will, for the most part, terminate safely by the sole assistance of nature.

† The Fundus and sides of the Uterus being in a state of contraction during the presence of pain, press upon the Placenta, and lessen the flux of blood into the womb; moreover, when the water is escaped, the child's body comes in contact with the Uterus, and the Placenta may likewise be pressed upon by it, so as to have its vessels stopped, and these are, without doubt, the reasons why it is observed that the flooding usually abates

deavouring to excite it by the means before-mentioned, when the other methods used to restrain the flooding do not succeed, and from this circumstance, too, the early examination with the hand in the Vagina, and one finger in the Os Uteri, is not only useful when the Placenta is there situated, but from the stimulus it excites, is of service to bring on pain, and facilitate labor when it is not so situated.

But if, notwithstanding, this mode of treatment, the discharge should not lessen, if the evacuating the waters should not abate it, and if, moreover, labor pains, sufficient for expelling the child, should not succeed, and the flooding should still increase, so as to endanger the life of the patient, I should imagine it hardly necessary to say, that even in this case, as well as when the Placenta is fixed to the Os Uteri, the only certain method of stopping it should be used, namely, the delivery of the child by turning; for though I have never yet met with a case that under such circumstances has required it, and believe such very rarely happens, yet I would not be supposed to say such an one cannot occur, as the separation of the Placenta may, for instance, be produced by such violence done to the Abdomen, and the Hæmorrhage may be so profuse, that nothing but a speedy delivery by art will put a stop to it. I only mean, that when we are called in early to flooding cases, if we judge only by the quantity of blood that has been lost, which may be small, and the present strength of the woman, which may be

abates whilst the pain continues, but this must obviously be ~~not~~ <sup>not</sup> ~~the~~ <sup>to the</sup> ~~case~~ <sup>case</sup> ~~when~~ <sup>for when</sup> ~~attached~~ <sup>attached</sup> ~~the~~ <sup>the</sup> ~~cause~~ <sup>cause</sup> of the flooding.

be considerable, we must frequently be deceived in our judgment of the cases, and be in danger of using a wrong method of treatment, but that the knowledge of the causes which produce them, will in the one case, *for the most part*, justify our waiting; and in the other, will *invariably* prove the propriety of turning the child.

The want of success which has so often attended turning in flooding cases, has, however, induced some people to believe there is danger in the operation itself, and that, independent of the time and manner of its being performed, the mischief in part arises from that: among others, *Puzos* raises objections that have a tendency to discourage it; he draws, indeed, a very nice comparison between the influence that natural, and artificial labor have upon the Uterus, and seems thence to infer, that the injury done to it by the latter, is very often the reason why it is unable to contract itself after the child and Placenta have been removed: there can be no doubt but that the womb ever suffers more from art than from nature, as the latter is more gentle, slow, and regular in her efforts to expel the child, than the former is to bring it away; but he certainly goes too far in attributing so much mischief to the operation by art, as if the want of contractile power in the Uterus were owing to the mere mode of delivery, it would very often turn out so in preternatural labors, where the improper position of the children renders the introduction of the hand to turn them necessary, in which too the Uterus being more rigid than in flooding cases, more force is requisite to effect it, and consequently more violence is offered to the womb; but every one's practice in these cases contradicts it; surely the obvious reason then for the want of success is, in most cases, what has been before observed, that the delivery

has

has been too long deferred, and the woman too much exhausted by the great loss of blood.

It has been likewise urged by some, as an additional objection to turning, that in these cases there is, for the most part, such an insensibility of the Uterus, that as nature is, on that account, unable to expel the child, she will, for the same reason, be unable to contract the womb, if delivery be effected by art, and, independent of the injury which turning may do to the Uterus, that all attempts to stop the discharge, will, for this reason, be ineffectual; but I should suppose this want of sensibility to be owing to the same cause, the loss of blood; for when the Placenta presents to the Os Uteri, (which is the case we consider as requiring turning,) no wonder nature is unable to expel the child, as every effort she uses to dilate the womb for that purpose, must separate the Placenta, produce an increase of bleeding, and proportionably lessen the vital power; such an idea, therefore, which seems to be an unjust one, ought never to induce us to omit using the only certain method of stopping the flooding, and thereby of preventing that insensibility, which a further loss of blood alone occasions. |

To many practitioners, moreover, the introduction of the hand to turn the child, is a very disagreeable operation, and if they have not been much used to it in cases where the Uterus is but little open, it appears a very difficult and formidable one: it were to be wished, that even this circumstance had never an improper influence upon surgeons, especially those who are young in practice, and that they were never induced to omit, or too long delay this operation, because they feel unwilling to do it.

But it is not so difficult as many imagine, for even in preternatural cases, where the Uterus is strong and rigid, and gives way reluctantly, if the hand

hand be slowly and gradually introduced, it will seldom be found impracticable, provided the Pelvis be not badly formed; and in floodings it is effected with peculiar ease, which should be a further encouragement to attempt it in such cases; for as the Uterus necessarily becomes so relaxed after a considerable loss of blood, it very readily gives way to the admission of the hand, that tight contraction of its neck, which in other cases is such an impediment to the introduction of it, being here seldom to be met with; and it may be added, that in proportion as nature, from the loss she has sustained, is less able to bear violence, happily, a proportionable less force is requisite.

If, therefore, the operation may be performed without much difficulty to the surgeon, if the cautious performance of it be attended with no danger to the patient, and if the becoming early acquainted with the necessity there is for it, give us an opportunity of doing it before the woman has lost too much blood, and before the Uterus has thereby been too much deprived of its sensibility and power of contraction, if, likewise, that early knowledge may be obtained by pursuing the directions I have given, the turning the child, in the cases I have mentioned, cannot, surely, be too much urged to practitioners; as it is highly reasonable to expect more frequent success, when it is done under more favourable circumstances, if it be certain, that success sometimes attends it, when the patient is in appearance at the last extremity.

It will, however, frequently happen, that we shall not be called in till late in these cases, when the woman will probably be in appearance dying, and indeed, sometimes the fluor is so rapid, that in a very little time so much is lost, that the patient sinks immediately; but, as was just observed, unexpected

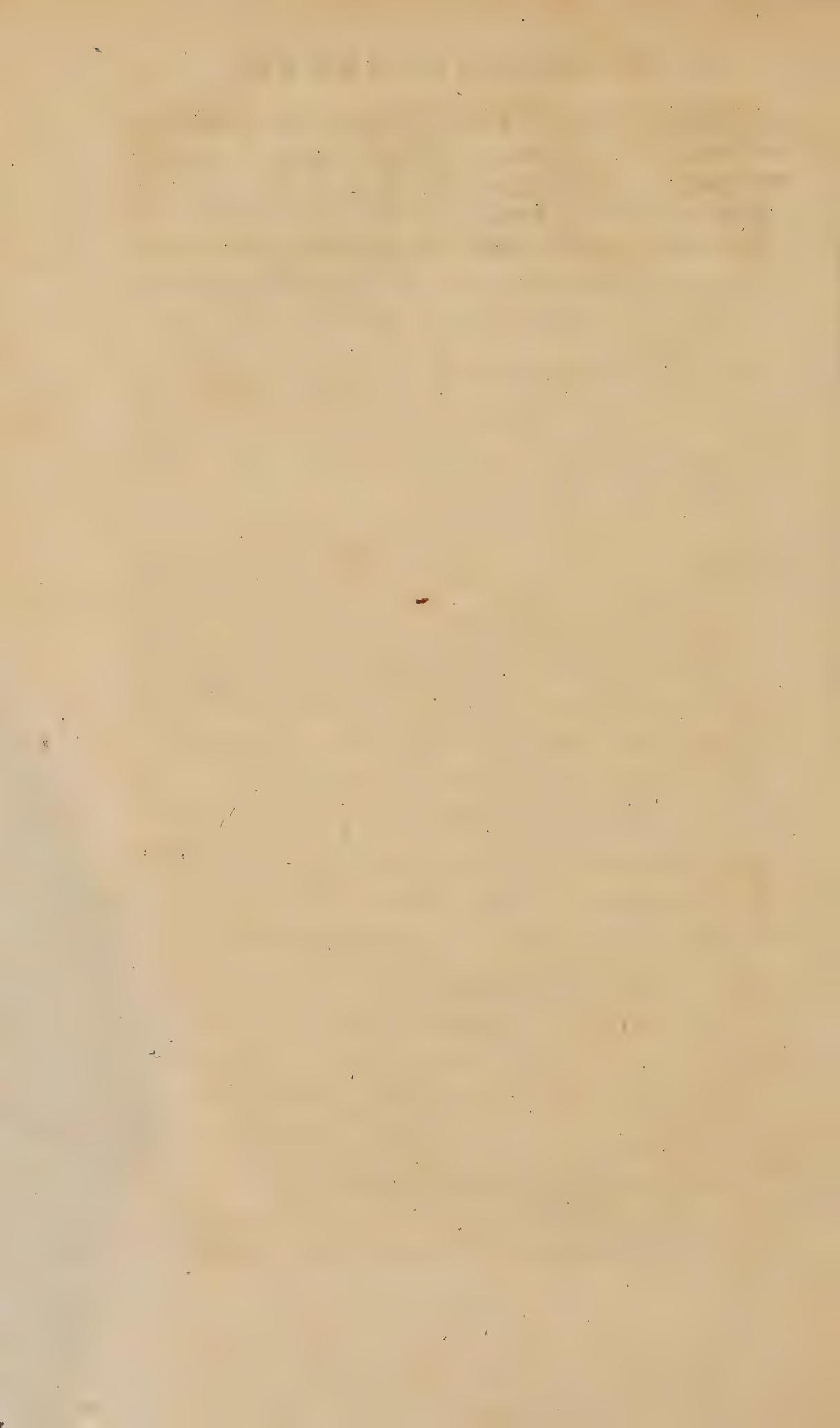
expected success having sometimes attended turning, even under the most unpromising circumstances, it is certainly always our duty to do it, and by that means give the woman the only possible chance. I know there are arguments to be used, which may seem to justify a surgeon's relinquishing his patient under such melancholy circumstances; that as people so frequently judge by the event only, he may incur blame, and his reputation undeservedly suffer, if it terminate badly, as it is most likely to do; these may be tolerable arguments in trade, but they are very unjustifiable ones in morals, which direct us always to do what is in itself right, independent of the opinion of the world, and the consequences that may follow it. But I cannot see much reason to apprehend much injury to our reputation, if, previous to the performing a dangerous operation, the uncertainty of the event be but properly represented to the friends of the patient, or if, before our doing it, we send for some surgeon of established reputation, to justify our opinion, and to be present, and perhaps assist, whilst we do it, which is of all others the most effectual method of preventing any injury to our character; and in places where the gentlemen of the profession behave liberally to each other, there can be no difficulty in procuring such assistance.

Thus, I have ventured to place one of the most important subjects in midwifery in a new light, and have endeavoured to establish a hitherto uncertain practice upon principles that are more fixed and constant, by ascertaining when we may with propriety leave nature to do her own work, and when it will be requisite to proceed to immediate delivery, by turning the foetus: I have also endeavoured to fix the precise time when it may, with most safety,

be done, and, in order to promote the practice of turning, when such becomes necessary for the woman's safety, have attempted to obviate the objections which have been made to this operation, from a supposition of its being either difficult, dangerous, or useless. And, from what has been said, it appears, that the Placenta is fixed to the Os Uteri much more frequently than has hitherto been supposed; that when it is so situated, nothing but turning the child will put a stop to the flooding; that when it is not so situated, nature will, for the most part, expel it safely herself; that an early knowledge of this circumstance is of the utmost importance; that it may be obtained with ease and safety; and that, therefore, it should, in every case, be enquired into before much blood has been lost; that the information, procured by making such an enquiry, should govern our management of the case; if we find the Placenta at the mouth of the womb, that we should proceed to delivery; that, if it be not so situated, if the discharge be not very profuse, and a very large quantity of blood have not been already lost, we should endeavour to restrain it by the means commonly directed for that purpose, and wait for nature's assistance in the expulsion of the child: and it is thence evident, that this practice will have an advantage over the uncertain one hitherto adopted, because our determination about what we do, will ever be more safe and satisfactory, or if, on the one hand, we wait, we shall have the satisfaction of knowing that, in all probability, nature will be able to expel the foetus; and if, on the other hand, we immediately turn the child, we shall, so, have the satisfaction of knowing that nothing but turning can relieve the woman, and that, therefore, we do not give her unnecessary pain: and finally, that our doing it before the patient has sustained

stained too great a loss of blood, will make the chance of success more probable, and thereby be the means of preventing, in some measure, the fatality which has hitherto so frequently attended these cases, and which has, perhaps, been more owing to a rational method of treatment not being known, than is commonly imagined.

## CASES.





## C A S E S.

THE subjects of the following cases were most of them poor women, under the care of midwives when I was sent for to them, and had been flooding a considerable time before I saw them. As they may, on that account, be justly considered as labouring under every disadvantage, none, I think, could better exemplify what I have ventured to advance in the foregoing essay.

### C A S E I.

DECEMBER 29, 1769, I was sent for, in the afternoon, to the wife of —— *Balls*. She was at the latter end of the eighth month of pregnancy, and had been seized the preceding evening, with a discharge of blood from the Uterus; it began without pain, and in small quantity, but increased by degrees, and was considerable when I saw her; she had now, however, small pains, by which the Os Uteri was already somewhat dilated: I admitted as much cold air as I could into the room, supplied her frequently with cool and nourishing drinks, and as the pains still continued, waited till the membranes were so far distended and pushed

pushed down, that I could scratch them with my nail, by which means I broke them, and let the water escape; the discharge immediately lessened, the pains increased, and, in a little while, I felt one foot of the foetus presenting; I brought it down, and with great ease drew forth a small dead child. The Placenta came away in about a quarter of an hour, the flooding became less and less, and the poor woman, though much reduced by the loss she had sustained, recovered in the usual time.

## C A S E . II.

FEBRUARY 6, 1770, — *Stannard.* She was a small delicate woman, of a sickly relaxed habit, and had born several children. About the end of the eighth month, a flooding came on, without any previous pain, or symptoms of labor. I saw her in the evening, after the discharge had been several hours, though as yet it had not been very profuse; she was, however, very faint and languid: by keeping her upon the bed with but few cloaths upon it, and admitting cool air into the room, it evidently lessened: I found the Os Tincæ relaxed, and a little open; after examining several times, (and, probably by the slight irritation, occasioned by the frequent touch) it opened somewhat more, and the membranes protruded so far, as to be felt by my finger; I immediately broke them, the discharge abated still more, and some slight pains succeeding, she was, in about half an hour after the breaking of them, delivered, with remarkable ease, of a small living child; the Placenta was removed without trouble, the discharge was moderate, stopped at its proper time, and the woman perfectly recovered.

## C A S E III.

IN the morning of March 12, 1772, — *Cousins*, a sickly relaxed woman, who had born many children, was seized with a flooding in the latter end of the last month of her pregnancy. I was sent for upon the first attack of the complaint, and living near the patient, was with her before much loss had been sustained by it, though the Hæmorrhage was then considerable. She was without pain, and I found, upon examination, that the Uterus was very little open: the room being very small, and the air in it too warm and impure, I immediately opened the door and windows, drew back the curtains of the bed, took off some of the cloaths, and did every thing to render her cool, and to admit fresh air into the room, by which means the discharge considerably lessened: I gave her an anodyne, directed the coolest drinks, and left her, desiring to be called upon return of either pain or flooding.

In the evening I was sent for again, when I found the latter had returned, and in an increased quantity, insomuch that the woman was extremely faint and languid; the Uterus was, however, now rather more open, and some slight pains were coming on, and upon examining whilst she had one, I was just able to perceive the membranes pressing against the mouth of the Uterus; I introduced the sharpest end of a probe along my finger, and broke them, the flooding became less immediately, and some pains following soon after, she was safely, and with singular ease, delivered by them of a living child: the Funis being small and tender, broke upon the first gentle effort to draw the Placenta by it, but by waiting about half an hour, it descended far enough into

into the Vagina, for the fingers to get hold of it, and bring it away. The woman was very much weakened by the loss of blood she had sustained, but in a few weeks she perfectly recovered.

## C A S E IV.

IN the evening of August 12, 1772, I was sent for to the wife of —— *Leman*, a pauper, belonging to the town; she had a midwife with her, who informed me her patient had been flooding in some degree during the day, and that it had, in the last hour, very much increased. I examined, found the discharge considerable, the Uterus was scarce at all open, and she was without pain; she was, moreover, extremely faint, and seemed to have suffered much more than any of the former patients: admitting cool air into the room, &c. as in the other cases, for awhile abated the discharge, but as it returned very soon, and the woman seemed in the most immediate danger, I was very desirous of attempting to relieve her by turning the child, but judging it right to have the opinion of another surgeon, I sent for one who has had considerable practice in this city. He seemed to think my patient too far gone to receive relief from any attempt whatever to stop the flooding, and as he added, that it was his opinion, she would sink during the operation, as one or two had before done on whom he had made the like attempt, he advised me not to turn the child. His advice prevented my doing it immediately, though before his arrival it was my design to attempt it, if he justified it: I was determined, however, not to leave the bed-side, that if there came on the least degree of pain, so as to allow me to feel the membranes, I might, as I had before done, pierce them with a probe, or if the flooding

flooding increased, and I found it practicable to introduce my hand, I still resolved to attempt the removal of the child.

By carefully attending to keep the room very cool, by preventing my patient from being the least stirred, and being myself her nurse, in giving her every few minutes small quantities of the coolest drinks, I prevented the discharge from increasing, and at the same time supplied, as far as I could, the waste of what she did lose, by the drinks she took, being as nutritious as I could venture to give them, without their being irritating: after attending her in this manner about two hours, frequently examining and gently stimulating the Os Internum, there came on at length a slight pain, and soon after, I could just feel the membranes with the end of my finger; I immediately introduced a probe, in the manner I had before done, and broke them; it had the same good effect as before, for the discharge immediately stopped, and pain coming on, the Uterus opened, the head of the child was pushed down, and, notwithstanding the very alarming state she had, but just before, been in, she was soon easily, and safely delivered, by the natural pains, of a dead child.

#### C A S E V.

NOVEMBER 5, 1772, about ten o'clock in the evening, I was sent for to —— Middleton, a poor woman, who had been flooding a little the greatest part of the day; the discharge was about this time rather increased, which induced the midwife, who attended her, to desire my assistance; I found her without pain, and the Os Tincæ not the least opened; but the discharge was not so great as in the last case: I directed as in the former cases, gave her an

F anodyne,

anodyne, and left her with orders to be sent for again if the flooding increased, or if pain came on. I was sent for again about six in the morning, she had slept in the night, and the discharge had been but little, but it was now very considerable: nature, however, seemed disposed to assist her, for there soon came on a few pains which opened the Uterus, and distended the membranes so far as to enable me to break them; it had again the good effect of suppressing the flooding, and facilitating the labor, which terminated safely in less than half an hour;—the child was dead.

## CASE VI.

DECEMBER 1, 1772, about midnight I was sent for to —— *Welden*, another pauper. She had a midwife with her, who informed me, the woman had been flooding a considerable time, and had lost a large quantity of blood, which seemed to be true, from the state the poor creature was in; for her faintness was extreme, and she had every symptom of the most immediate danger.

Upon examination, I found the *Os Uteri* more dilated than in any of the former cases, and the *Placenta* evidently presenting: as no possible relief could, in this case, be expected from waiting, I at once resolved to give her the chance of an immediate delivery; which I effected by introducing my hand into the *Uterus*, turning and bringing away the *Fœtus*; and this I did with much greater ease than I could have imagined, as the resistance from the *Uterus* was very trifling; I endeavoured to pass my hand through the substance of the *Placenta*, but not being able to do it, I separated it on one side, till there was room for my hand to pass.

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The woman remained very faint and weak a long time after delivery, but being carefully nursed, she recovered by degrees, and was able to go out before the end of the month. This was likewise a dead child.

## C A S E VII.

DECEMBER 29, 1772, about six o'clock in the morning, I was called to — Freeman, a poor woman, who was under the care of a midwife; she had been flooding many hours, and had lost an immoderate quantity of blood, was greatly sunk, and appeared to be almost dying; on examination, I found the mouth of the Uterus as open as in the last case, and the *Placenta* situated in like manner, which determined me to pursue the same method I had so successfully used in that.

The Pelvis was narrow and distorted, but I introduced my hand into the Uterus, and turned the child with all desirable ease; the feet, body, and arms of the Fœtus I brought down in the usual manner, and with no more than usual difficulty; but when I came to the head, it remained so fast betwixt the bones of the Pelvis, that, though I got one of my fingers into the mouth, (the face being towards the Sacrum,) and pulled the body, at the same time, with considerable force, I could not move it in the least degree, insomuch that the Vertebrae of the neck began to give way; which made me desist from pulling so forcibly, and induced me to send for the assistance of another surgeon.

He made several similar but unsuccessful attempts; we, therefore, concluded, that nothing but lessening the size of the head, by evacuating the brain, would allow it to pass; but to effect this was no easy matter; he thought it possible to pass the scissars through

through the Os Palati into the head, and attempted it; when the scissars had pierced the bones, I endeavoured to enlarge the opening, but could not do it; in tracing with my finger, round the head, as far as I was able, I thought there was a possibility of pushing in some curved instrument behind the ear, at the lower end of the temporal bone; but the scissars being strait, I could not use them; however, from the looseness of the scalp, (for it ought to be observed, that the child was dead, and almost putrid, which was certainly the reason why the Vertebrae of the neck separated so easily, when I attempted to pull the head,) I thought I could push in the curved end of a blunt hook, which, with a good deal of difficulty, I effected, and by degrees insinuated it under the temporal bone; the opening I easily enlarged by my finger, and with one blade of the forceps, so that at length some of the brain came away, the head was thereby compressed into a smaller compass, and she was delivered: but the extreme fatigue she had undergone by this unlucky difficulty, joined to the immoderate loss of blood she had previously sustained, was more than she was able to support, and she died the following morning.

Since the above case happened, I have procured a pair of scissars of *Cargill*, in Lombard-street, curved at the points, (somewhat like Tonsil scissars) which may easily be used where it is found necessary to open the head, after delivering the rest of the child.

## C A S E VIII.

JANUARY 4, 1773, —— *Bygrave*, a pauper, fell in labor, and a flooding came on, after having had some pain; I was sent for about an hour after the discharge began, and found it very considerable; but

but there had been pain sufficient to dilate the Uterus, and to enable me to break the membranes, when I found a hand and foot presenting; I immediately brought down both feet, and delivered her, safely, of a living child.

## C A S E IX.

FEBRUARY 3, 1773, — Clarke. She had flooded several times, and in considerable quantities, in the last month of her pregnancy; but it was every time suppressed by the means I have before related, and she went to her full time.

Her labour was a natural one, and at that time there was very little discharge, though it had been considerable a few days before. She was delivered by the natural pains, of a large, living child; but immediately upon the expulsion of it, there came on a most profuse fluor; I instantly introduced my hand into the Uterus, and was fortunate enough to remove the Placenta, with but little loss of time; the womb immediately contracted, and the discharge abated.

## C A S E X.

FEBRUARY 12, 1773, I was sent for to — Marshall, a poor woman in the workhouse, who was in her last month of pregnancy, and had been flooding about two hours; she had, in that time, lost a very great quantity of blood, and was so much sunk by it, that she died soon after I came into the room.

I had an opportunity of opening the body, the following morning: the membranes adhered universally to the Uterus, by the Spongy Chorion; I carefully measured the water contained in the bag, and

and there were three pints of it: the child laid, with the head obliquely to the right side of the Fundus Uteri, and the face towards the Spine; the hands were turned upon the face, holding each one of the feet, so that the Podex would have presented; the *Placenta* was situated upon the Os Uteri, and a partial separation of it, not bigger than a crown piece, was the cause of this fatal Hæmorrhage. Before she died, I examined with my finger, found the Uterus very little open, and did not feel the Placenta.

### R E M A R K.

This case proves, that the Os Uteri sometimes does not at all dilate to the size that has been usually thought necessary for safe delivery, and that it is not, therefore, always right to defer turning the child, in expectation of it: had I been with the woman sooner, I certainly should have attempted it, and as from the first, there had been a considerable discharge, in all probability the Uterus was so relaxed, that it might have been easily and safely effected.

### C A S E XI.

MAY 15, 1773, I was sent for, in the evening, to —— *Maltward*, who had spoken to me to attend her; she had gone her full time, and some symptoms of labor came on, accompanied with a slight discharge of blood; I gave her an anodyne, directed her to be kept cool, &c. and left her, with orders to be sent for again if the complaint increased.

About four o'clock in the morning I was called to her again, and found the discharge was increased,

ed, but she had had but little pain; however, after frequently examining, in about half an hour, the membranes began to swell, and I was able to break them; the flooding abated, more pains came on, and the child descended into the Vagina, with the breech presenting; but, as the woman was well formed, it passed easily, and she was soon, safely, and almost entirely by the natural pains, delivered of a dead child.

## C A S E XII.

JUNE 25, 1773, I was called to — *Sherwood*, a pauper, under the care of a midwife. She had been flooding several hours, had lost a large quantity of blood, and was extremely faint. I treated her as I had done most of the former ones, gently irritated the Os Uteri, and, as soon as I was able, broke the membranes, and she was, in like manner, safely delivered, by the natural pains, of a dead child.

## C A S E XIII.

JUNE 27, 1773, — *Playford*. She was attended by a midwife, at the time I was sent for, and had been flooding very much several hours; the discharge was still profuse, the Os Uteri quite shut, and from the faintness she was in, she was altogether without pain, though the complaint came on with labor pains: she had the most threatening appearance, and I very much feared I could be of no service to her, and intimated it to the midwife and the assistants, but added, that if there were any possible chance, it must be from immediately delivering her.

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As they were desirous of another surgeon's opinion, I sent for a gentleman, who confirmed what I had said respecting the danger the woman was in, and agreed with me, that the only chance she could have must be from a speedy delivery; the practicability of which, however he rather doubted, as the Os Tincæ was so little open: I apprehended great difficulty in doing it, and feared likewise, that if I succeeded in bringing away the child, the woman would hardly survive the loss she had sustained; but having succeeded before, much beyond my expectation, I thought it right to attempt it; I introduced my hand into the Vagina, for this purpose, and first one, then more fingers, into the Uterus, when, (and not before,) I found the *Placenta* fixed to the Os Uteri; I endeavoured to pass my finger through the substance of it, but was not able, though I tried some time; I, therefore, separated it on one side, and got my hand compleatly into the Uterus; the head of the child presented, but I soon got hold of the feet, brought them down, and delivered with the same ease as in the last case of turning: the woman remained very languid a long while, and seemed hardly alive for many hours; but by supplying her frequently with cool and nutritious drinks, and carefully managing her in other respects, she recovered entirely.

## REMARK.

This Case appears much to have resembled that of *Marshall*, who died undelivered; as the discharge was very profuse, and the Uterus very little open, the difference in the event being produced merely by my being fortunately called sooner to this woman. The ease with which the turning was effected, and the success which attended it, confirm the remark

made

made to that case, that it is *sometimes* justifiable to deliver where the Os Uteri is not dilated to the size of a shilling, or a half crown.

## C A S E XIV.

JANUARY 1, 1774, I was sent for, about noon, to — King, a poor woman, who was at the full term of her fourth pregnancy: without any previous accident, or complaint, she was seized with a trifling pain, like the beginning of labor pains, which was accompanied with a little appearance of blood; when I first saw her, she was not at all faint, had lost a very small quantity of blood, and was sitting by the fire side; the Os Tincæ was a little relaxed, but not open, and she had no pain. I desired her to be laid upon the bed, to be kept very cool and quiet, and ordered the midwife to send for me again, if she found the flooding increase.

From this treatment it abated, and the woman got some rest in the afternoon; but in the evening her pain returned, and with it so profuse an Hæmorrhage, that before I could get to her, she had lost an astonishing quantity of blood, and had the most threatening appearance; she, before, had a good pulse, and a florid, healthy countenance, but now her pulse were scarce perceptible, her countenance was pale, her lips livid, &c. from the extreme faintness she was now in, the discharge and pain were abated, but as the Uterus was very little open, as she had no pain, and was so much sunk, there seemed to be no reason to expect assistance from nature, and no chance but from an immediate delivery.

I sent for another surgeon, to justify what I did; he agreed with me, that it was the only chance of relieving her, though a very poor one; however,

as he approved of it, and the friends of the patient consented to it, I proceeded to turn the child. I found, as soon as I had introduced one finger into the Os Tincæ that the *Placenta* was situated as in the last case, and I was now able to insinuate my finger and hand through the substance of it, which, as I before observed, is an advantage; the child was in a natural posture, but I passed the head, got hold of the feet, and by them brought it away with all desirable facility: the woman immediately, and for some time after delivery, appeared rather better, as she took nutriment, and was rather revived; but nature was unable to recover from the great loss she had sustained, and she died about six hours after.

## C A S E XV.

JANUARY 21, 1774, —— *Bond.* This was a patient of the same gentleman who was with me in the last case. He sent for me in the evening, and the woman was then, in the same dreadful state that my last patient was in, when I sent for him.

He informed me, that he had seen her the preceding evening, that she was then, to all appearance, in perfect health, but that she had been alarmed by a small discharge of blood from the Uterus; he bled her, gave her an anodyne, ordered her to be kept cool and quiet, and saw her the following morning: she had had a good night, and the appearance of blood was not more considerable, but in the evening it had suddenly increased to a most violent degree, insomuch as to have reduced her, in a short space of time, to the deplorable state we found her in.

She seemed to be dying, but as we thought it justifiable to give her the only possible chance, by turning the child, by his leave, I introduced my hand,

hand, the Uterus was shut, though loose and relaxed, and as soon as I got one of my fingers into it, I found the *Placenta* fixed to the mouth of it: in this case I could not pass through the substance of it, but separated it on one side, got my hand within the membranes, turned, and brought away the child, with the same remarkable ease as in the other case; but this was attended with no better success than the former case, for she died in half an hour after delivery.

### R E M A R K.

The unhappy events of the two last related cases, seem, at first, to contradict a remark made but a few pages before; as it may, perhaps, be thought, that it would have been safer to have deferred the delivery longer, because the Os Uteri was so little open in either of them.

But so far from the turning having been prematurely done, I am convinced its want of success was owing solely to its having been too long delayed; for when I proceeded to deliver, the women had every symptom of approaching death, and though my principal motive in turning was to give them a chance of recovery, as no other means could possibly do it, yet I was, likewise, further induced to attempt it, that I might be satisfied of the situation of the *Placenta*, which, about this time, began to excite my attention; and I well remember urging this to the gentleman who was with me, as an additional reason why I wished to do it, as from their being so much reduced by the great loss of blood, he, at first, rather discouraged it.

The singular ease with which it was effected in both cases, is, likewise, in my opinion, a positive proof that no mischief was brought on by turning; for,

for, with respect to that operation, it has been before observed, that difficulty in doing it is the true mark of danger, and ease is therefore that of safety.

If I had not delivered, very probably I should not have had an opportunity of opening the bodies after death, and as, consequently, I should have known nothing of the Placenta, I could not possibly, with so much certainty, have made the distinction I have since done, between floodings which are *accidental*, and those which are *unavoidable*.

It may not be improper further to remark here, that in the management of the cases which have hitherto been related, I was influenced by no other circumstances than those which are usually attended to in floodings, namely, the quantity of blood which had been lost, and the seeming strength of the patient; for, though the Placenta being found at the mouth of the Uterus, was, in the cases of *Welden* and *Freeman*, an additional inducement to my turning, yet the idea of the frequent occurrence of such a circumstance, did not strike me till those of *Playford*, *Marshall*, *King*, and *Bond* had fallen under my notice; nor, indeed, was I sensible of the importance of an early enquiry, whether the Placenta was, or was not, so situated, till the two last cases happened, in both which it appeared so evident, that, had its situation been sooner known, the children might have been brought away before so great a quantity of blood had been lost, and, very probably, the lives both of the mothers and the children have been saved.

#### C A S E . XVI.

JANUARY 24, 1774, I was sent for on the evening of this day, by the same gentleman with whom I had been in the last case, to —— *Flood*, who was

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at the latter end of the ninth month of pregnancy, and had, just before he saw her, been seized with a Uterine Hæmorrhage, but much blood had not been yet lost; I advised a careful and immediate examination of the Uterus, to know whether the Placenta was situated at the mouth of it, and that the management of the case should be influenced by the information thence gained; this examination was accordingly made, and we were convinced that the Placenta was *not* there; we, therefore, directed an anodyne, ordered her to be kept still and cool, and left her.

From this treatment, the discharge for some hours abated, but it returned in the morning, accompanied, however, with slight pains, which were increased by gently irritating the Os Uteri with the finger, till the membranes swelled, and gave us an opportunity of piercing them; more pains succeeded, and the patient was at length safely delivered by their sole assistance.

### C A S E XVII.

APRIL 7, 1774, I was called in the morning to — Howlett, a poor woman, who was seized with a flooding at the end of her ninth month: at the time I saw her, she had a midwife with her; I examined her in the same manner I had done the last patient, and being fully satisfied that the Placenta was *not* in the way, I gave the same directions as were observed in the last case; the discharge, in like manner, abated, and towards the evening, she was safely delivered by the natural pains, having no other assistant than the midwife, who was with her at first.

## C A S E XVIII.

MAY 18, 1774, a very delicate relaxed lady, in the beginning of the ninth month of her first pregnancy, soon after getting her breakfast, had suddenly a slight discharge of blood from the Uterus, occasioned, as she imagined, by a smart shock of sneezing; she was immediately carried to bed, and I was sent for.

The discharge continued, but was not increased in quantity, and, in about half an hour, I had an opportunity of examining, and found the Os Uteri quite close and unyielding. As the Vagina was very strict, and there had not been discharge of any kind to relax it sufficiently for the admission of the hand, without considerable pain, and greatly alarming the patient, who had no apprehension of the danger of her situation, I ventured to defer the enquiry, and made use at first only of the methods commonly used to restrain it; but I thought it right to stay with her: the Hæmorrhage was, thereby, kept from increasing many hours; but before the next morning, it became more formidable, so that I thought it imprudent to remain any longer ignorant of the cause of it; I therefore examined in the way before directed, which was now done with tolerable ease; and finding that the Placenta was *not* at the mouth of the Uterus, I still waited for the natural pains, and endeavoured to excite them by the gentle stimulus of the finger on the Os Tincae; in about two hours they came on, and pushed down the bag, which I soon opened; the discharge abated, and the head descending by repeated and gentle pains, she was at length safely delivered of a dead child.

## C A S E XIX.

JULY 14, 1774, about eleven o'clock in the forenoon, I was sent for to — Fearman, with whom a midwife had been several hours; she was in her ninth month, had a small but increasing discharge from the Uterus, was faint, and without labor pain: I examined carefully, without losing any time, and being convinced the Placenta was *not* at the Os Uteri, I gave her hopes of being released by the natural pains; to effect which I rendered the air as cool as I could, lessened the number of bed-cloaths, and endeavoured to excite pain, by gentle irritation on the Os Tincæ; the discharge became less, but no pain coming on, I left her, with directions to be called again on return of flooding, or coming on of pain.

In a few hours after, I was sent for, on the former account; I then repeated my efforts to make the Uterus contract, and at last so much pain came on as protruded the membranes, which, as before, I instantly broke; more pains succeeded, the Hæmorrhage stopped, and, to the surprize of the patient and her attendants, a few very trifling pains expelled a living child.

## C A S E XX.

NOVEMBER 8, 1774, I was sent for to a poor woman at *Ringland*, about six miles from this city: the messenger's account of her was, that she had been flooding, more or less, for several days; that the discharge had that morning increased immoderately; and, that the midwife who was with her, was greatly alarmed, and thought herself unable to relieve her. From this discription of her, I told him,

him, there was very little probability of finding her alive; and my conjecture proved true, for she had been dead about an hour before we got there.

The midwife who attended her, being an intelligent and communicative woman, I learned from her, that her patient, who was in her last month of pregnancy, had been as well as usual during the former months; but six days before, without any previous complaint, a slight discharge came on, accompanied with some pain, which, however, stopped of itself, and the pain went off; that it had returned several times, and at each time in an increased quantity; that she had examined her at several different times, but found the mouth of the womb shut; and with the last attack, which was the morning of that day, and was more violent than any of the preceding ones, she had very considerable pains, and expressed such strong signs of bearing down, that she thought her near delivery; in that state she examined her, and then found the Os Uteri considerably open; she removed several coagula of blood, which were in the Vagina, and at the mouth of the womb, and expected to feel the head of the child, but in its stead she found (to use her own words) a *strange lump of stringy substance*, unlike any thing she had ever before felt; the flooding still continued, the blood pouring forth with every pain, till the poor creature fell into a fainting, from whence she did not recover.

I was desirous of opening the body, to be convinced of the situation of the Placenta, but could not obtain the consent of the by-standers; there can, however, I think, be little reason to doubt its being at the Os Uteri, as nothing else could answer the midwife's description of *a lump of stringy substance*, or could hinder the descent of the child, when nature was assisted by such strong pains, and

when

when the mouth of the womb was so much open. I asked her, if she had ever before found the Placenta in such a situation; she told me she had never, till now, been with a patient who flooded before delivery, though she had attended several hundred women; but she believed this could be nothing else.

## C A S E     XXI.

NOVEMBER 20, 1774, a midwife, with whom I have before frequently been, called upon me for my advice about a patient she was then going to, whose name was *Bailey*, and with whom she had been the day before, at which time there was a slight flooding, which had been then checked by keeping her still and cool, but she found it was at this time returned.

As I could not conveniently go with her, I desired her to be very careful in examining the patient, and to be satisfied, whether there was any thing unusual at the Os Uteri, in which case I desired her to send for me; otherwise, she might safely wait the coming on of pains, in the mean time keeping her cool, and in bed.

She called on me the next day, to inform me she had pursued my advice, that the mouth of the womb was opening, but she found nothing there like what I had described to her; she, therefore, agreeable to my directions, waited, and, notwithstanding the continuance of the discharge, she was safely and easily delivered, by the natural pains, before the following morning.

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## CASE XXII.

DECEMBER 16, 1774, —— *Smith*, a healthy strong young woman, in the last month of pregnancy, sent for me in the evening, having had, for several hours, a discharge of blood from the Uterus. I immediately introduced my hand into the Vagina, and with one finger in the Os Uteri, which was soft and yielding, I imagined I found the Placenta, but, upon further examination, was satisfied that it was nothing more than a coagulum of blood, as I very evidently felt the membranes, with the head of the child behind them. The dilatation produced by this examination, was sufficient to have rendered the introduction of the hand into the Uterus, to turn the fœtus, if it had been necessary, very practicable; but being confident of the great probability, not to say certainty, there was of nature's being able to expel the child in due time, I thought it right to endeavour to restrain the present discharge, and wait for pain. This was soon effected, by the usual means, and there seemed a probability of her going to her full time, if kept still and cool, for it stopped entirely for two days.

It returned, however, on the third day from the first attack, when it was probably occasioned by some imprudent exercise in the woman, as she had not yet gone her full time; but being now accompanied with pains, the Uterus opened, the child was pushed down and expelled with remarkable ease. The Hæmorrhage, in this case, rather increased after the delivery of the child, and did not abate till the Placenta was removed, which did not descend so soon as it usually does.

## C A S E XXIII.

DECEMBER 21, 1774, I visited Mrs. L—, she was in her last month of pregnancy, and had had a slight discharge of blood from the Uterus the preceding day, but as it was stopped when I was with her, and she had no pain, I had not an opportunity of examining the state of the womb; I, therefore, only recommended stillness and rest, and desired to be again sent for, if it returned in the least degree.

On the 25th, I was sent for early in the forenoon, the discharge having returned, and being then considerable; I immediately examined, and, as in the last case, imagined I felt one edge of the Placenta on the posterior side of the Os Tincae, but on tracing my finger compleatly round it, I distinctly felt the membranes, and the child's head behind them; I ventured, therefore, to wait, and gave my patient hopes of being safely delivered, without any other than the usual assistance; from cooling the air, &c. it again abated, nor was there any return of it during the remainder of the day, and the following night. About nine o'clock the next morning, the 26th, she was again alarmed by a return of it, and with increased violence; upon examination, I again thought there was an edge of the Placenta in the mouth of the Uterus, but as it could be but a very small portion of it, and as there was sufficient passage for the child, arl., moreover, during the pains, which now came on, the discharge did not increase, but stopped; I thought it still safe to wait, and endeavoured immediately to break the membranes, which, with some difficulty, I effected; the discharge became less, but the pains went off, and by keeping her very cool and free from motion, the Hæmorrhage

rhage was inconsiderable all the day, and the following night.

On the 27th, about six o'clock, it came on again, and in a larger stream than ever, and as her pains were still but trifling, and, from the frequent return of the flooding, she had lost a large quantity of blood, I began to apprehend danger, and almost to think I had done wrong in so long trusting to nature; I was therefore, for some time, embarrassed to determine what was now best to do, but it being again checked by increasing the cold air in the room, which had not been sufficiently attended to in my absence, I was once more encouraged to wait, and fortunately from this time, there was no great return of it; in about two hours the pains increased, the Uterus opened, and the head came forward, and though from its being large, and the Pelvis not a good one, the progress of the labor was much slower than I had ever before found it in similar circumstances, it terminated safely by nature's sole assistance before one o'clock; the Hæmorrhage was inconsiderable after delivery, and my patient, though much reduced, and being in other respects a sickly woman, recovered entirely.

There was a peculiarity in the form and texture of the Placenta in this case that deserves notice, as, probably, the Hæmorrhage was, in some measure, occasioned by it; instead of the usual circumscribed and circular cake, thick in the middle, and becoming less and less towards the edges, it was an uneven mass, thinly, and, in some places, almost superficially spread over near one side of the Uterus; the edges of it terminated in a broken manner, forming somewhat like the lines of a very irregular island on a map, and one edge, making almost a detached lobe, hung down on one side of the Os Tincæ, and was, I was now convinced, what I had before felt, and

and what had probably produced some of the flooding, but the principal discharge seemed, by the discolouration of the Placenta, to have arisen from a separation of it higher up in the Uterus.

## C A S E XXIV.

JUNE 19, 1775, I was sent for to —— Hoole, a poor woman, under the care of a midwife: she had been flooding several hours, and, in the last half hour, the discharge had considerably increased. I immediately examined *with my hand in the Vagina* (for with the finger only I could but just touch the outside of the Os Uteri,) and found, by introducing one finger into the Uterus, that the Placenta was at the mouth of it: she had lost a considerable quantity of blood, and was very faint, but did not appear to have suffered so much as to have induced me, had the Placenta not been there, or had I made no enquiry to find it, to have turned the child; but being convinced of the danger of delay, I determined to deliver, and previous to my doing it, sent for a surgeon who had been before with me in some of the foregoing cases.

When he came, I told him the woman's situation, and desired him to examine in the common way, with one finger only, which he did, but could find nothing unusual at the mouth of the womb; I then desired him to introduce his hand, as I had done; he did this, and immediately discovered the Placenta; he, therefore, agreed with me in the propriety of immediate delivery.

I introduced my hand into the Uterus, and found the child lying in the natural posture, I passed the head, and with tolerable ease got hold of the feet, brought them down, and extracted a dead child.

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The woman remained extremely languid for some time after delivery, but, notwithstanding this, and that she laboured under every disadvantage produced by extreme poverty, and a remarkable ignorance in her assistants, having neither pure air, clean linen, and hardly common nutriment for several hours, yet she perfectly recovered.

#### R E M A R K.

As this woman had not gone her full time, being, according to her own account, in the middle of the eighth month, which seemed true from the smallness of the child, I expected to have had some difficulty in introducing the hand, the Uterus not being compleatly distended, but, notwithstanding the mouth of it was but little open, it gave way with the same ease I have ever observed in these cases, and the delivery was effected with no more than usual trouble.

The necessity of introducing the hand into the Vagina, and admitting one finger into the Uterus, in order to distinguish with certainty whether the Placenta be at the mouth of it or not, has been before observed, and several of the former cases have proved the propriety of it: in *Playford*, *King*, and *Bond*, it was not found till the hand was admitted for the purpose of turning, and in *Marshall*, though the usual examination was made before she died, it was not known till the Uterus was opened: in the present case, its not being discoverable by two different persons who examined at first in the usual way, is a very remarkable proof of the necessity there is for doing it; I, therefore, thought it right again to take notice of it in this place, as it may, perhaps, more strongly impress the reader.

## C A S E XXV.

JULY 1, 1775, —— *Sherringham.* In the course of the preceding week she had several times had a slight Hæmorrhage from the Uterus, which returning more considerably this morning, made her send for her midwife: it continued during the day, accompanied, however, with slight pains; but as they did not increase, the flooding continued, and she became faint, I was sent for about six o'clock in the evening.

I immediately examined, as in the last case, and was satisfied that the Placenta was *not* at the mouth of the womb, as I very distinctly felt the head of the child presenting: I, therefore, waited, and endeavoured to excite pain, and, as soon as I was able, broke the membranes; her pains became stronger, the Os Uteri dilated, and the flooding entirely ceased, and I expected she would have been delivered with the ease and quickness peculiar to these cases, but in this I was disappointed, for it proved very laborious, and the head descended into the hollow of the Sacrum so slowly, that she was not delivered till one o'clock in the morning: it was a large living child, the Placenta was carefully removed, the discharge was trifling, and the woman perfectly recovered.

## C A S E XXVI.

Mrs. *B*—, the subject of the following case, is patient to the same gentleman who has favoured me with his assistance in several of the former cases; she is a woman of a very tender and delicate constitution, has been mother to seven children, and has had very bad health for several years past.

August

August 20, 1775, being at her full reckoning, she had the preceding day, and all the night, small pains in her back, which she considered as the fore-runners of labor; about nine o'clock in the morning the pains suddenly became stronger, and she felt a pressure upon the lower part of the Uterus, which was followed by a discharge; it was in a considerable quantity, and she imagined it to be water, till, upon examination, she found it blood: she immediately sent for her surgeon, who came to her about ten o'clock; the pains had then entirely left her, but the discharge continued slowly trickling from the Uterus; as soon as he had an opportunity, he examined *with the hand in the Vagina*, and distinctly felt the Placenta at the mouth of the womb; he soon after sent for me, and I was with the patient about eleven o'clock.

She was still without pain, and the discharge was less in quantity, and of a paler colour: I examined in the same manner he had done, and found the Placenta in the before-mentioned situation; the Os Uteri was dilated to about the size of a shilling, but upon my attempting to introduce three fingers into it, it contracted so closely round them, and was so rigid, that I concluded the delivery would as yet be attended with too much difficulty to render it adviseable, and as there had not yet been bleeding sufficient to injure her, and it was now almost entirely stopped, we thought it right to wait till the parts were more relaxed by discharge, or dilated by pain; but we staid with the patient, saw every cloth which had been used, and examined the Uterus alternately once in an hour.

About three o'clock in the afternoon there came on such pains as she before had in the night, but they were not sufficient to open the Uterus more, and therefore did not increase the bleeding: about five o'clock

o'clock the pain suddenly became more violent, the Uterus was more widely dilated by it, which producing a further separation of the Placenta, a fresh discharge was occasioned, and it was now rapid and considerable; there was, therefore, every reason to justify immediate delivery, the Os Uteri was more dilated, it was more relaxed, and more yielding, and the Hæmorrhage was so considerable, that a further delay might have been attended with the utmost danger; he, therefore, proceeded to turn, which he did slowly, but with great ease, and extracted a living child.

There was no discharge of consequence immediately after delivery, nor whilst we staid with her, which was more than half an hour, but upon my calling again in the evening I found the room too warm, the bleeding had increased, and she was much more faint than she had before been; but from cooling the air, and adding a little pressure to the Abdomen, it abated, she had a tolerable night, and was nearly as well the next morning as she usually found herself after labor.

#### R E M A R K.

The happy event of the above-recited case, has afforded me peculiar satisfaction, as the management of it, from the beginning of the complaint, was in exact conformity to the directions I have given, and it appears to be a full proof of the propriety of them; for supposing it had been treated in the way commonly adopted, the situation of the Placenta would not have been known so early; and supposing that circumstance not to have been thought of, as after the first discharge there was no pain, and the bleeding was incon siderable, no one, I am persuaded, would have scrupled leaving the patient in the fore-

noon. The surgeon, in such case, probably would not have been sent for again till the evening, when the pain and Hæmorrhage returned so suddenly and profusely, and as some time must necessarily have been lost before he could have been with her, it is not unlikely but at his arrival he might have found her in the same situation, that, under similar circumstances, the women mentioned in cases No. 14 and 15, were found in, and might, therefore, have been unable to save her.

It may not be improper, likewise, to observe, that the precise time for turning the child seems very happily to have been hit upon; for had we proceeded to deliver before the Uterus was sufficiently relaxed, there certainly would have been great difficulty in effecting it, and the woman might, very probably, have suffered materially from the violence that must in that case have been used; and, on the other hand, if we had waited for a further dilatation of the womb, as that could not have taken place without an increase of the discharge, she, very likely, would have been unable to sustain the loss of blood, more especially as the extreme weakness of her constitution, and the bad health she had for some time past been in, rendered her a very improper subject for either extreme.

### C A S E      XXVII.

SEPTEMBER 16, 1775, about five o'clock in the afternoon, I visited —— *Olley*, a poor woman, who was near her full reckoning; she had a discharge of blood from the Uterus, which first came on about a month before, but it had never been profuse, as it abated by rest, and an horizontal posture, and returned only upon any considerable exertion, in walking, stooping, &c. it was this day, however,

however, a good deal alarming, being much increased in quantity, and unaccompanied with pain.

I introduced my hand into the Vagina, and from a careful examination of the womb, was satisfied that the Placenta was *not* at the mouth of it: in making this enquiry, I was able to break the membranes, a considerable deal of water escaped, and the Hæmorrhage instantly ceased; and, though sufficient pains did not immediately come on, she was, about seven hours after, safely delivered, by their sole assistance, of a large living child.

### C A S E . XXVIII.

SEPTEMBER 18, 1775, I was called about midnight to the wife of —— *Baxter*, another poor woman, under the care of a midwife; I was informed, that in the course of the preceding three weeks she had frequently been alarmed with a discharge of blood from the womb, and that for about two hours before my arrival, she had been flooding most profusely; though she was very near her full time, there were not any symptoms of labor, nor had she yet had the most trifling pain: she was extremely faint, her pulse was hardly perceptible, and she appeared so much reduced as to be in the most imminent danger.

I introduced my hand into the Vagina, and found it full of coagulated blood, and with my finger carefully examined the mouth of the Uterus, which, though very little open, was, from the long continuance of the Hæmorrhage, loose and dilatable: being convinced that the Placenta was *not* in the way, I endeavoured to break the membranes, but I could not do it so soon as in the last case; after several repeated attempts, however, I at length succeeded, and a very large quantity of water poured forth,

forth, by which means the Hæmorrhage was immediately suppressed.

I continued a little stimulus to the Os Uteri, and it evidently brought on pain, which gradually increasing, the part became more open, and, in two hours from my first seeing the patient, without there being any return of bleeding, not even so much as to occasion the least stain in examining, she was safely delivered by the natural pains, and the child, notwithstanding the great loss which had been sustained, was born alive and vigorous. The Placenta came away without trouble, and no material discharge accompanied it; she remained very faint for some time after delivery, and was very feeble for several days; but nothing afterwards occurred to prevent her recovering in the usual time.

#### R E M A R K.

As the flooding, in this case, was so very profuse, as the patient had not the least pain, and was likewise extremely reduced, it is not unreasonable to suppose, that I should have been induced to have turned the child upon my first seeing her, if I had not before experienced such extraordinary proofs of nature's ability to expel the child, when the Placenta was not in the way to prevent the opening of the womb, and when ever so little pain could be excited by stimulating the Os Tincæ: at the same time it appears very likely, that debilitated as she was, she would have been unable to support any other than the gradual and gentle dilatation of the womb, which nature effected, and that therefore, such a method of treatment would, probably, in this case, have been unsuccessful.

## C A S E XXIX.

DECEMBER 18, 1775, Mrs. F—, (whose constitution had suffered considerably, from having had excessive menstrual discharges for several years) was, at this time, in the beginning of the ninth month of her first pregnancy.

Without any preceding illness or pain, she was seized with a very profuse Hæmorrhage from the Uterus: I was with her soon after its coming on, and found the Os Tincæ very little open, but relaxed sufficiently to admit the finger for examination: the Placenta *not* being situated on the Os Uteri, I pursued the same methods to suppress the floodings which have so often been before related; it soon became less, and in about two hours from the first attack of the complaint, labor pains came on, the Uterus dilated, and the podex of the child was pushed down, which being small, and the parts of the woman much relaxed, was with great ease brought forth. The child was living, and the mother did well.

## C A S E XXX.

APRIL 26, 1776, A lady at some distance from Norwich, who has had several children, and was now in the beginning of the eighth month of pregnancy, had, a few days before this date, a discharge of blood from the Uterus; she was attended by a gentleman in the neighbourhood, who, upon its increasing this day, desired I might be sent for.—At my arrival the Hæmorrhage was very inconsiderable, and finding the state of the Uterus had been examined, and that the Placenta was *not* at the mouth of it, we recommended the usual palliatives to be used

used if it again returned, and desired she might be kept exceedingly still. The flooding did not return, till two days after, and it was then accompanied with pain, which proved sufficient to expel a small living child.

## C A S E    XXXI.

MAY 1, 1776. Mrs. H—, lives about nine miles from this city, and was patient to a surgeon who lives in the same place. Being at this time at her full reckoning, she was taken with labor pains, which were attended with a discharge of blood from the womb: as it increased with the increase of pain, he desired I might be sent for, to assist in the management of the case; but being at that time engaged with another patient, who would not permit me to leave her, another gentleman was called upon, who went instead of me. Before his arrival, another surgeon who lives in the neighbourhood of the patient was also sent for, from whom I learned that an enquiry was made for the Placenta, which was found at the Os Uteri, and as the Hæmorrhage had then been of many hours duration, and much blood had been lost, it was determined immediately to extract the child by turning it, which was accordingly done, and it proved, happily, the means of saving the patient.

## C A S E    XXXII.

MAY 21, 1776. — Feary, a poor woman belonging to the town, under the care of a mid-wife: she was nearly at her full reckoning, and was suddenly seized with a profuse discharge of blood from the Uterus. I saw her about an hour after its coming on, and immediately made the necessary enquiry

enquiry whether the Placenta was situated on the Os Tincæ or not; it was *not* there, and the womb was open enough to allow of puncturing the membranes, which instantly lessened the flooding, and soon after gentle pains came on, which expelled a dead child, with the ease peculiar to this relaxed state of the Uterus.

## C A S E XXXIII.

MAY 26, 1776. — Mrs. N—— was in the beginning of the ninth month of pregnancy, and had been confined to her bed several days, before I saw her, with a feverish complaint, and a slight Uterine Hæmorrhage, but without any symptoms of labor.

A considerable increase of the latter, was the occasion of my being sent for this morning; I found the discharge in an alarming quantity, and my patient much reduced by it: upon examining the Uterus, I found the Placenta was *not* in the way: I endeavoured to excite pain, by stimulating the Os Uteri, which succeeded so far as to enable me to pierce the membranous bag: the flooding immediately abated, the parts opened, and to the surprize of the patient and her attendants, she was very soon and very easily delivered of a small dead child.

## C A S E XXXIV.

JULY 7, 1776. — *Chaplin*; she was in the last month of pregnancy, and an Uterine Hæmorrhage, unattended with labor pains, came on the day before I saw her: it was this day much increased, and was so considerable, that the woman was much weakened. The Placenta was, upon examination, found *not* to be at the Os Uteri, and irritating the parts,

parts, &c. as in the last case, brought on pain, and hastened the delivery, which was singularly easy, and the child a living one.

## C A S E    XXXV.

AUGUST 27, 1776. —— *Craske*; she had born many children, and had now gone her full time of this. For several days before the date hereof, she had slight labor pains, accompanied with an increasing discharge of blood from the womb: just before I was sent for to her, it was very rapid and a large quantity was suddenly lost; finding her extremely faint, I immediately introduced my hand, and with a finger in the Uterus, I distinctly felt the Placenta adhering to the mouth of it. My patient had suffered too much by the great loss she had sustained, to admit of delaying to turn the child, and the Os Tincæ, though not much opened, was so much relaxed, as to convince me I might with safety attempt it; I therefore immediately did it, and with the same ease I experienced in all the former similar cases.

The child was born dead, but the mother, though extremely faint and languid, perfectly recovered.

## C A S E    XXXVI.

OCTOBER 5, 1776. Mrs. *W*—, lives about two miles from my house; she was at this time in the beginning of the last month of her fourth pregnancy, and was suddenly seized with a flooding, unattended with labor pain. I was immediately sent for, and found her fainting. Upon enquiring with the hand, I found the Placenta was *not* in the way, and the discharge became less by admitting cold air into the room; I waited with her some time, till it was very trifling,

trifling, and as there seemed no probability of labor approaching, I ventured to leave her, notwithstanding her distance from me, gave the usual directions to be observed in my absence, and desired I might be sent for immediately upon the return of the bleeding, or upon the coming on of pain. I was twice sent for on the former account, but the discharge was as easily suppressed as at first, and I was still unable to puncture the membranes; but on the evening of the third day from the first attack of the complaint, nature was more disposed to relieve her, for such pain came on, as with the stimulus of a frequent examination, gradually opened the passage, and a small living child was expelled with tolerable ease. After which there was no return of the Hæmorrhage, and no accident happened to retard the mother's recovery.

## C A S E XXXVII.

NOVEMBER 28, 1776. Mrs. P— has had many children, was always very full of complaints in the two last months of pregnancy, and has usually had bad labors.

During the last three or four weeks before the above date, being in the last month of pregnancy, she, at times, found a discharge of blood from the Uterus; but it never had been considerable enough to make her consent to a confinement, nor to induce her to give me leave to examine the state of the womb. During the day of the 18th of November, being, as she imagined, at her full reckoning, she had slight pains, which she considered as the fore-runners of true labor: in the night they became stronger, and though there had been none of her usual discharge, for more than the last twenty-four hours, it now suddenly returned, and was in an

alarming quantity. I was immediately sent for, and, living in the neighbourhood of the patient, was very soon with her; but the pains were now gone, the flooding was abating, and soon stopped entirely. I introduced my hand, and distinctly felt the Placenta on the Os Uteri, and from thence concluded, that it would be necessary to turn the child; but the Uterus was neither open nor relaxed enough to admit of its being immediately done: I waited therefore in expectation of the return of the pain and discharge; and continued with her the remainder of the night, and all the next day; but during the whole time there was not the least return of either; she was very little faint, and got at times refreshing sleeps. After this long attendance, and the symptoms of labor being thus entirely gone, I ventured to leave my patient, not, however, without much anxiety, lest her labor should suddenly come on, and be attended with such a discharge, as possibly to demand manual assistance before I could be with her: to obviate which, as much as possible, I desired another surgeon, who lived near, might attend with me, and who therefore might, probably, be able to assist her, if any thing should happen to prevent my coming to her upon the first alarm.

She remained in this disagreeable state of suspense till the 28th, on the evening of which day the symptoms of labor again came on; I was fortunately with her before the Hæmorrhage was considerable, but it increased, as the Uterus opened. I again introduced my hand, and now could feel one edge of the Placenta, as the center of it did not immediately lie over the Os internum. The womb being, by this time, disposed to give way, I easily passed my hand on one side of the Placenta into the Uterus, and as the Podex presented, I had not the trouble

of going to the Fundus, but easily brought down the feet, and extracted a large living child, without any accident happening to injure it, or endanger the life of the mother.

## REMARK.

The distance of time from my first finding that the Placenta was situated on the Os Uteri, to the time when it was practicable to extract the child, having, in this case, been so great, as to have rendered it next to impossible for me to have followed strictly a rule, which I have considered in the Essay, as essentially necessary for the woman's safety, and which directs that the surgeon should, on no account, leave his patient under such circumstances; it may not be improper to point out some directions, which may possibly assist us in determining how far we may venture to follow the practice of this embarrassing case, in future ones, which may prove similar to it.

But as the Hæmorrhage, in these cases, depends entirely upon the coming on and progress of labor, as the symptoms which occur at the first onset of labor are frequently so equivocal, and as there must always be such an uncertainty of knowing, upon the going off of these symptoms, when they will return, I fear it will be out of our power to give any which will be totally satisfactory: for, independent of the rule above alluded to, and which I would still strongly urge, even in such a case as this, where the surgeon's other engagements will permit him to comply with it, I confess I know of none which can be wholly free from hazard. All that occurs to me, in any degree, likely to answer this purpose, and which is what principally influenced me in the last recited case, is, to observe, as accurately as may be, the causes which take off the pains; distinguishing, if

if we can, between those which spring from nature, and which produce an entire *cessation* of labor, and those which arise from accidental circumstances, and which may be considered as occasioning only a *suspension* of it.

The alarm which a patient sometimes feels when the surgeon first enters her room, the surprize of seeing unexpected strangers, or suddenly hearing any intelligence in which she is much interested, or the occurrence of any circumstance which at all agitates the passions, are well known frequently to take off the strongest and most promising pains; and in floodings it happens very often, as appears from many of the foregoing cases, that the faintness which is brought on by the loss of blood, produces likewise the same effects. When the absence of pain, then, arises from any of these or similar causes, it is very reasonable to expect when they are removed, or when they have lost their influence on the patient, that it will immediately return: and as few of these causes can be very permanent, it must be very probable that this return will be soon; and moreover that it will be without any of those forewarning symptoms which usually precede the first attack of labor. It is obvious, therefore, that when the flooding is checked by such a *suspension* of labor as that now described, that at all events it would be improper to leave the patient.

But it frequently happens, and that too before the most natural and easy labors, that pains very much resembling true labor, and which in some degree dilate the Os Tincæ, shall come on, and alarm the patient and her attendants with the expectation of delivery being near, and yet soon after, and without any apparent cause, shall entirely go off, leave the patient as well as usual, and not return till the time of delivery; which in some cases may be many days,

days, or even weeks after the first alarm. If this should happen when the Placenta is situated on the Os Uteri, the effects of it with regard to Hæmorrhage, would *probably* be these: that at the first coming on of these spurious pains there would be some discharge; that upon the pains going off, the flooding would cease; that if the woman were carefully kept still, it would not return till the time of real labor, which, as observed before, might be very remote, and that then, as the parts would be in the same state as if there had been none of these false pains, that it would be preceded by such symptoms as would give sufficient time to have the surgeon ready to assist the patient, before any considerable loss had taken place. This seems to have been exactly the state of the case above related, and the good success which attended it argues, at least, a probability, that after such an entire *cessation* of labor has taken place as that now described, no harm would arise from leaving the woman.

After all, however, I would be understood to deduce no more from this view of the circumstances which may attend this peculiar case of flooding, than that, on the one hand, if there be only a suspension of labor, that it would be absolutely wrong to leave the patient; and on the other hand, if we have waited long enough to be convinced that the labor is entirely gone off, that though it would still be most secure to stay with the patient, yet there is some reason to believe we may then leave her without hazard; which if we venture to do, I cannot help repeating the necessity there is of being pretty sure the absence of pain is not produced by any of the accidental circumstances before enumerated, and more especially that of faintness.

## C A S E XXXVIII.

MARCH 24, 1777. — *Dorking*; she was at the latter end of the eighth month of her first pregnancy. About two o'clock in the morning she was awakened by a discharge of blood from the Uterus, unaccompanied with pain, or any of the symptoms of labor; it was at first very considerable, but it was so much abated in half an hour, that she thought it, then, unnecessary to send for any assistance: in a few hours, however, it returned with an increase of violence, and I was sent for about six o'clock. I found the discharge still continued, and the woman was very faint, I therefore immediately examined, and was fully convinced the Placenta was *not* at the Os Uteri; during the examining, there came on some pain, and the membranes soon broke, the Uterus opened, and a small dead child was expelled in about half an hour after my arrival, and without much pain to the mother, who suffered no other inconvenience from the Hæmorrhage, than a temporary weakness.

## C A S E XXXIX.

APRIL 10, 1777. I was this day sent for to Mrs. G—, at a village about eight miles from Norwich: being engaged at the time, a gentleman who is conversant with the mode of practice recommended in the preceding Essay, went instead of me. He found her under the care of an intelligent and experienced surgeon in the neighbourhood, and was informed by him, that his patient was near the full time of her second pregnancy, and that she had been seized in the forenoon with slight pains accompanied with a discharge, which though it had not yet

yet been very considerable, was increasing. It was resolved to make the necessary enquiry for the Placenta, and manage the case agreeable to the result of it; this was immediately done with the hand in the Vagina, and the Placenta was distinctly felt to be at the Os Uteri: but the Hæmorrhage was now much less, the Uterus very little open, and there was a peculiar rigidity of the Os Tincae, which appeared very unfavorable to that artificial dilatation of it, which the case required; more especially, as it was observed by the surgeon who attended first, that her former labor had been very long and laborious, from this part having been singularly hard and unyielding: it was, therefore, judged proper to defer the introduction of the hand for delivery, till an increase of pain, or discharge, had rendered the Uterus more dilatable. They both, accordingly, waited a considerable time with her; but, by degrees, the pains went off, and the discharge stopped. It being now very uncertain when the true labor pains would come on, one of the gentlemen went away, and the other staid with her during the night, and as much afterwards as his other engagements would admit of. She remained free from pain or flooding till the 12th, and then the return was fortunately not, at first, so quick, but there was time to send for both the surgeons before the loss of blood had been great; however, true labor seemed now to come on, and the Hæmorrhage soon became considerable, but the Os Uteri being much more dilatable than in the first examination, it was determined to proceed to immediate delivery; the hand was, therefore, passed into the Vagina, the substance of the Placenta was pierced through by the fingers, and the hand being admitted through the opening into the Uterus, the child was extracted with ease and safety; the discharge was very little increased  
during

during the operation, it was suppressed when the Uterus was compleatly emptied, and the woman had a happy recovery.

### R E M A R K.

The circumstances attending this case being similar to those of No. 37, the remarks which arose from that are exactly applicable to it; and this second instance of a patient's being left in this situation, without receiving any injury, undoubtedly strengthens the reasoning which is there made use of: but I should be sorry if the success which attended these two particular deviations from the general mode of practice which I have before recommended, were ever an encouragement to run the risque of leaving a patient in circumstances other than such as exactly resemble these, and even then, if the surgeon's other engagements are not absolutely incompatible with a long attendance.

### C A S E X L.

APRIL 15, 1777. *Foulsham.* I was called to this woman's assistance in the forenoon of this day: she was near her full time, and under the care of a midwife. For several hours before I saw her, there had been an excessive discharge from the Uterus, none of the women, in any of the preceding cases, having lost more blood, so that she was extremely faint: but nature, by this time, made efforts to relieve her, for the Os Uteri opened, and the Placenta *not* being in the way, a small dead child was expelled with remarkable ease, and very little assistance; after which the flooding stopped, and the woman did well.

## C A S E XLI.

JUNE 27, 1777. Mrs. C—— was in the middle of the eighth month of her first pregnancy: the day before this she received a fright, which was followed by a considerable Uterine Hæmorrhage, I was sent for, and immediately made the necessary examination; the Placenta was *not* at the Os Uteri, and the discharge was soon checked by the palliative means: she remained free from the complaint till the following afternoon, when it again came on, but nature was then more disposed to relieve her, for true labor pains came on, which opened the Uterus, and expelled the child and Placenta so hastily, that though the former came footling, she was nearly delivered before any assistance could be given her.

## C A S E XLII.

OCTOBER 10, 1777. *Wilkins.* This woman had twins, and was attended by a midwife. After the delivery of the first child, there came on an excessive flooding; I was immediately sent for, but not being at home, the same gentleman, to whom I have so often before been obliged for his assistance, attended for me. It was evident the attachment of the Placenta to the Os Uteri could not, in this case, be the cause of the Hæmorrhage: it was, nevertheless, in so alarming a quantity, that he had, at first, apprehensions least it should be necessary to turn the child; but by puncturing the membranes, and gently stimulating the Os internum, some pains were soon excited, which immediately suppressed the discharge, and a living child was speedily and safely expelled, the mother suffering no other inconvenience afterwards, but great weakness.

L C A S E

## C A S E    XLIII.

OCTOBER 26, 1777. *Stannard.* This woman is the same person whose case is related the second in this collection. She was at this time about thirty weeks gone with child, and for more than a month before had been troubled with an Uterine Hæmorrhage, which at first was occasioned, as she imagined, by a fall.

For several days before the above date it had increased considerably, and at the time when I saw her, it was immoderate: I immediately examined her, and with difficulty introduced a finger into the Os Uteri, against which I found the Placenta: she had slight pains at intervals, which always produced a fresh flow. I was particularly perplexed from an apprehension, that it would be impracticable, from the small size of the Uterus, to get the hand sufficiently admitted into it, to effect the turning and extracting the child, which however appeared indispensably necessary for the woman's safety. I made several efforts to get two or three fingers introduced, but without success; I therefore waited, but was more than usually anxious for the event. The pains and discharge still continued, and my patient became more and more faint; I gave her gruel, &c. as often as she could take it, of which though she drank in small quantities, she took a good deal in the whole: at length, about an hour and a half after my arrival, while she was drinking something of this kind, there suddenly came on a fresh gush, which instantly made her sick and vomit, which was followed by the most alarming Syncope I ever saw, for the bystanders supposed her to be dead. It occurred to me, that it would be right to catch this moment of total relaxation, and attempt

tempt the admission of the hand; I found the mouth of the Uterus quite loose, and it dilated easily as far as its size would admit, sufficiently, however, to allow the hand to pass far enough into it to find a foot, which I was fortunate enough to bring down into the Vagina immediately, by means of which, without a further introduction of the hand, I extracted a small dead child: the Placenta came away in a few minutes afterwards, and the discharge soon stopped; my patient was, therefore, snatched from the most imminent danger, and I was relieved from an anxiety greater than any I have, for several years, experienced upon a similar occasion.

### R E M A R K.

Though the attachment of the Placenta to the Os Uteri, in this case, would at the expiration of the term of pregnancy have *unavoidably* produced a flooding, and though, as in all others of a similar situation, it now prevented nature from relieving the patient, yet the cause which made the Hæmorrhage come on at so early a period, was certainly the *accidental* one of the fall. These two causes thus concurring in one case, prove the necessity there *always* is for the unequivocal information which is alone to be derived from a manual examination into the state of the Uterus: For supposing, in such a case as this, it had been presumed from the circumstance of the fall, and the time of the flooding first coming on, that the cause of it had been merely *accidental*, and the patient on that account had been left to the care of a midwife, (which had the Placenta not been in the way, it would have been justifiable to have done,) it is very probable the happy opportunity of assisting the woman would have been lost, and the case have terminated unfortunately.

CASE

## C A S E     XLIV.

OCTOBER 20, 1777. — *James.* I found this woman, being a pauper, under the care of a midwife, who informed me, that she was at the full time of her sixth child, and that after having had slight pains for some hours, there came on a very considerable discharge from the Uterus; it had been about an hour, when I saw her, but the membranes were broken, a good deal of water had escaped, and the flooding was much abated; I introduced my hand into the Vagina, and found it full of coagulated blood; the mouth of the womb was much dilated, and very loose, the Placenta was *not* in the way, and a hand of the child presented: the discharge was now very trifling, but the præternatural position of the child requiring artificial delivery, I introduced my hand immediately into the Uterus, and very soon took hold of a foot, which I brought down with great ease, and soon after, and without any difficulty, as the Pelvis was singularly well formed, and the parts so much relaxed by the discharge, I extracted a large living child; the Placenta came away without any trouble, there was no return of the Hæmorrhage, and my patient did well.

## R E M A R K.

It is obvious, that in this case, the turning was had recourse to on account of the bad presentation of the child, and not on account of the flooding, which was owing to an *accidental* separation of the Placenta; and that it cannot, therefore, be said to contradict the general maxim, which I have adopted respecting floodings which arise from an *accidental* cause, namely, that nature is of herself able in such cases

cases to expel the child. The quick dilatation of the Uterus, and part of the child having been pushed down, were in this case, sufficient proofs, that if that part had been the one usually presenting, nature would, as in the many others before related, with her own efforts, have been able to expel the child soon enough for the woman's safety.



CON-

## C O N C L U S I O N.

O F the foregoing cases of flooding, *fourteen* were produced by a separation of the Placenta, occasioned by its being situated on the Os Uteri, and which was, therefore, in every one of them, *unavoidable*; and *thirty* were owing to a separation of it, arising from some *accidental* cause.

Of the latter number it appears, that though many were very alarming cases, as the patients lost large quantities of blood, and were extremely faint, not one proved fatal, not one but terminated safely, by waiting for the efforts of nature to expel the contents of the womb;\* whilst, in all the former number, that no means whatever which nature could use, were able to suppress the discharge, and that notwithstanding the complaint began in most of them in a manner but little alarming, yet nothing but the removal of the Fœtus by art could save the patients lives: in nine out of the number, its being timely done, it had manifestly that happy effect; and in the others, where the turning was unsuccessfully used, it seemed to be clearly owing to its having been

\* In two or three of the cases included in the latter number, as well as in that of No. 44, which has already been remarked, it happened, indeed, that the children came into the world footling, and consequently, that more manual assistance was used than in natural presentations; but as this circumstance was totally accidental, and independent of the flooding, as even in them, too, the dilatation of the womb was effected solely by nature; and as it is likewise very probable, that, if no assistance had been given (the children being small) that nature would at length have expelled them, I have considered the safe termination of the labors as effected by nature.

been too long delayed; for, in the cases of *King* and *Bond*, where it was most evidently so, the flooding began by no means in a threatening manner, nor did either of those women appear at first in so much danger as most of the thirty other patients did, in whom the Hæmorrhage was produced by the *accidental* separation of the Placenta.

From the ample testimony of these cases, it is evident, then, how very frequently the Placenta is fixed to the Os Uteri; and that notwithstanding so little notice has been taken of it, by those who have written on the subject of Uterine Hæmorrhages, how necessary it is, in every case, to make an enquiry for it: but the inferences, which arise from them, are so obvious, and the method of practice which they point out, has been before so fully considered, that it need not now be repeated; especially as the happy events of all the cases which were treated agreeable to the method recommended in the Essay, of themselves, so fully speak its superiority over that which governed the management of the first related cases.

Before I entirely quit the subject, it may not, perhaps, be totally foreign to it, to consider what would probably have been my method of treating the cases which succeeded those of *King* and *Bond*, if I had not then established some criterion, by which I could judge determinately of the propriety of trusting to nature, or of applying to art.

It is very natural to believe, that when my mind had been a good deal affected by the disagreeable events of those two cases, that I should not have hesitated to have had immediate recourse to delivery by art; in every following case in which I found the discharge at all considerable; from a conclusion, (which under such circumstances, would not have been an unreasonable one,) that as there seemed to

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be some latent undiscoverable cause, which sometimes unexpectedly produced the most fatal mischief, when at the beginning of the complaint there was no appearance of danger, it was justifiable to run the risque of unnecessarily turning the child, in some cases, rather than be liable to omit doing it, in a single instance, where it might be absolutely necessary for the woman's safety: and, indeed, could it be admitted that the indiscriminate use of this operation was attended with no danger, this would certainly be the only secure method of treating floodings, were it not in our power to discover those particular cases in which the Placenta was situated on the mouth of the womb.

For these reasons, therefore, I doubt not but this would have been the method of practice which I should have adopted; and it is upon the same principles, I am persuaded, that the invariable use of turning has been recommended by some authors, and put in practice by some surgeons.

The objections to such a method of treatment, are, however, self-evident, as it must be particularly inconvenient and irksome to the surgeon, always painful, and sometimes dangerous to the patient.

This consideration, then, still further illustrates the advantage of knowing the true causes from whence these Hæmorrhages proceed; and if, therefore, by what has been said, I have in the least degree added to the knowledge of them, and shall be, on that account, but in a single instance, the means of saving the life of a fellow-creature, the little trouble I have had in throwing my thoughts together upon the subject, will not be lost labor, nor these pages, few as they are, be written in vain.

T H E E N D.











